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| | N. B.—Every item of information should be carefully supplied. ACE should be stated CIANS should state CAUSE OF DEATH in plain terms so that it may be proper statement of OCCUPATION is very important. See instructions on back of certi |
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V S. No. 1

| Village or City Brentwood (No. 2010) | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. / State of the state |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Male Colored Single, MARRIED, Child OR DIVORCED (Write the word) | 16 DATE OF DEATH (Month) (Day) (Year) |
| 6 DATE OF BIRTH May (Month) (Day) (Year) | 17 I HEREBY CERTIFY, That I attended the deceased from may 16 1931 to May 16 , 1937 that I last saw here alive on rever , 192 |
| 7 AGE If LESS than I day hrs. or min.? 8 OCCUPATION (a) Trade, profession or | and that bath occurred on the date stated above, at 3135 p. m. The CAUSE OF DEATH * was as follows: Siffic months When Child |
| particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) | (Durstion) yrs. mos. ds. |
| 9 BIRTHPLACE (State or county) 10 NAME 9F FATHER Villiam Bellows 11 BIRTHPLACE OF FATHER (State or country) (State or country) OF STATER (State or country) | (Signed) M.D. State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether |
| 12 MAIDEN NAME OF MOTHER Stattie James 13 BIRTHPLACE OF MOTHER (State or Country). Mongonery les. Med. | Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. In the Stateyrsmosds |
| (Informant) Milliam Bellows (Address) 20/ Church St. | Where was disease contracted, if not at place of dea.h? Former or usual residence |
| 15 Filed May 19" 1921 Mas Jas Services If more banks are needed, addre. 5 train Kegistrar | 20 UNDERTAKER ADDRESS , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

gaged in domestic service for wages, as Servant, Cook, Housemaid. etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the whatever, write None. tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Solesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, tion applies to cacle and every person, irrespective of r," etc., report specifically the occupations of persons enespecially in industrial employments, it is neces-For many occupations a single word or term on without more precise specification as Doy Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DISE EASE COUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

approved telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n .ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "(Taanition," "Heart failure," "Liaemorraage, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death as fracture of skull, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-Whooping cough; use of "Tumor" for malignant neoplasms); Meosles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (secondary Whooping cough; chronic Chronic interstitial nephritis, "Atrophy," "Collapse, Never report mere symptoms or terminal condiby Committee on or intercurrent) affection Chronic valvular heart and consequences (e. g., sepsis, Example: Measles (disease ," "Coma," "Convulsions, etc. The contributory Nomenclature of the need diseose; not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

| S | | TLY, PHYSI- |
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| MARGIN RESERVED FOR BINDING | PLACTY TITH UNFADING INKTHIS IS A PERMAN NT LOORD | of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI- build state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact of OCCUPATION is very important. See instructions on back of certificate. |
| | PLACLY TIT | of Information sould state CAUSE of OCCUPATION |

| PLACE | OF | DEATH | |
|-----------|-----|--------|--|
| ounty Pri | nce | George | |

STATE OF MARYLAND CERTIFICATE OF DEATH

| | | | | | Regist | tration D | ist. No. 233 |
|-----------------------------------------|----------------------------------------------------------------------------------|----------------------------------------------------------|-------------|--------------------------------------------------------------|--------------------|-----------------|---------------------------------------------------------------------------------------------------------------|
| | Village or City Rosaryville (No | | | BOONE | St.: | | (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.) |
| PERSO | NAL AND STATIST | CAL PARTICU | LARS | MEDICAL | CERTIFI | CATE O | F DEATH |
| 3 SEX Male | 4 COLOR OR RACE black | 5 SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word) | | 100000000000000000000000000000000000000 | (Mor | nth) | , 19231 (Day) (Year) |
| 6 DATE OF B | May | 20, 1931 | , 1 | that I last saw ha | 192 to | hat I atte | nded the deceased from |
| 7 AGE | STILLBOR | N | I day hrs. | and that death occurred The CAUSE OF DEATH | on the da | te stated | |
| particular k (b) General | profession or ind of work nature of industry establishment in oyed or (employer) | | | Contributory Secondary | (Dureti | on) | |
| IO NAME FATHE II BIRTH OF FA' (State | James Boo | ne | | (Signed) MIST | Address)se Causing | egis | er M. D. |
| of MO | Mary Was | hington | | 18 LENGTH OF RESIDE ients or Recent Reside At place of death | DENCE (Fo | In the State | yrsmosds |
| 14 THE ABOV | E IS TRUE TO THE BES | 1 | octor nd | Former or usual residence | OR REMOV. | AL / | DATE OF BURIAL May 20, 193/ |
| | | 1 - 1 | (_ | 20 UNDERTAKER | // | 1 | ADDRESS Jud. |

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

 $\mathcal{D}(a)$ Foreman, (b) Automobile factory. The materia Phousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the -Spinner, (b) Cotton mill; (a) Salesman, (b) Sadditional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Scivil engineer, Stationary fireman, etc. But in many rshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the "definite salary), may be entered as Housewife, Housegworked on may form part of the second statement. ENever return". Laborer,""Foreman," "Manager," "Dealtired 6 yrs). For persons who have no occupation nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day -Coal mine, etc. Wom-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertlonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, menapproved by Commutee on as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Chronic interstitial nephritis, American Medical Association.) (Recommendations on statement of cause of death approved by Committee on Notherclature of the Examples: Accidental drowning; Struck by railway train . (name origin; "Cancer" is less definite; avoid cough; Chronic etc. valvular heart The contributory Always qualify all disease

If this certificate is looked our thoughy and all questions answered in detail, it will reventifurther correspondence. All the data is essential and mult be obtained by fore the certificate is permanently filed.



If more blanks are needed, add/est State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| E | xample I | | Example II | |
|----------------------------------------------------------|-----------------------|---------------|--------------------------------------------------------------------------------|---------------|
| The principal cause of dea of importance were as foll | th and related causes | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | | 1915 | Attack of epilepsy | 1 week ago |
| Chronie interstitial nephritis | JUN 5 1931 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | BUREAU V. | July 5,1927 | Peritonitis | 3 days ago |
| | | | | |
| Other contributory eauses | of importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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| s do | PLACE OF DEATH | STATE OF MARYLAND |
| Exact | County Traice Georges 60 | CERTIFICATE OF DEATH |
| , ¥ . | | (83) Registration Dist. No. 38 |
| EXACT L | Village or City Fort Foote No. 2FULL NAME Pullip Br | St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.) |
| stated proper | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Z Ses X | 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED, OR DIVORCED | 16 DATE OF DEATH 2007 / 8, 1931 |
| RMA RMA ould may | (Write the word) | (Month) (Day) (Year) |
| BE BE | 6 DATE OF BIRTH MAN 16 1916 | 17 I HEREBY CERTIFY, That I asterded the deceased from |
| A A CE that | (Month) (Day) (Year) | that I last saw halive on, 192, |
| FO IS | 7 AGE | |
| IIS led | 72 5yrs. mos. 2 ds. or min. | |
| RVEDTHIS upplied terms | 8 OCCUPATION | 1 dans |
| 7 0 50 | (a) Trade, profession or particular kind of work | ty amounting. |
| RESE IG INF efully in plain | (b) General nature of industry | |
| RE (G | business, or establishment in which employed or (employer) | on examination of toping by the |
| DIN | | Secondary of work found, |
| ~ T 0 M | 10 NAME OF | Thos D' Leffile all records. do. |
| MAM U | FATHER ROOM Drown | (Signed) M. D. May NO. 1923 / (Address) Seat Physical April 1923 / (Address) |
| T S NO | OF FATHER (State or country) | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| Cati | OF MOTHER | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| Inform | 13 BIRTHPLACE OF MOTHER (State or Country) | At place of deathyrsmosds. In the Stateyrsmosds. |
| 0 | 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of death? |
| m | I of al fami med ! | Former or usual residence of the second of t |
| WRIT Every iten CIANS sh | (Informant) / has. N. Hannon heef Noting | 19 PLACE F BURIAL |
| Evel CIA | 15 20 100 1000 | 20 UNDER MER ADDRESS |
| n m | Filed May 70 192 31 August Registrar | Meanino 1432. your |
| CELL | If more branks are no led, addres byate Registra | r, 16 W. Saratoka St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as laborer, Form laborer, Loborer—Coul minc, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (o) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Solesman. nature of the business or industry, and therefore an Civil engineer, Stotionary fireman, etc. But in many the first line will be sufficient, c. g., Farmer or Plonter. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a whatever, write None. Foreman, especially in industrial employments, it is neces-For many occupations a yrs). (b) For persons who have no occupation Automobile factory. The materia single word or term on (6) Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

inges, perilonaeum, etc., Coreinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Exhaustion, Chronic interstitial nephritis, approved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The niture of the injury, accident; Revolver wound of head-homicidc; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. "Uruemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular etc. The contributory Always qualify all heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed



PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH 183 Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME in-stead of street and St.: Ward) number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE | 5 SINGLE, 3 SEX 16 DATE OF DEATH MARRIED Rese WIDOWED. OR DIVORCED (Write the word) (Day) 6 DATE OF BIRTH 17 I HEREBY CERTIFY, That I attended the deceased from (Month) (Day) that I last saw h alive on 192...., 7 AGE IIf LESS than I day hrs. The CAUSE OF DEATH ds. or min.? RESERVE OCCUPATION 90 (a) Trade, profession or E 0 particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) 04 OO 10 NAME OF 0 11 BIRTHPLACE ENTS *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. OF FATHER WZ CAU (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate CCUP, ients or Recent Residents) d state 13 BIRTHPLACE At place of death ... In the OF MOTHER (State or Country) Where was disease contracted, if not at place of death? 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Former or usual residence OF STATIONAL DATE OF BURIAL 19 PLACE OF BURNAL Registrar If more branks are needed, address State Registrar, 16 W. Saratoga Sf., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesadditional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coat mine, etc. women at home, who are engaged in the duties of the er," etc., (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons en ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation single word or term on (b) Grocery

Statement of Cause of Death—Name, first, the DISB DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia");

(Recommendations on statement of cause of stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences to g., selsis, causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. "Iways qualify all "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," Whooping earbolic acid-probably suicide. The n.ture of the injury, or as probably such, if impossible to determine definitely can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Exhaustion," American Medical Association.) Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underperitonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; "Heart failure," "Haemorrhage, Chronic etc. The contributory valvular heart not

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. ('ensus and American Public Health Association.)

gaged in demestic service for wages, as Servant. Cook, ployed, as 4t echool or .1t home, fure should be taken definite salary), may be entered a. en at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, business, that fact may be indicated thus: Furmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occ pations of persons bousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Cal mine, etc. Wom-Never return "Laborer," "Toreman," "Manager," "Deal-(u) Foreman, (b) Automobile factory. Trinner, (b) Cotton mill: (a) Salesman, (b) Grocery; rhould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necess Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer tion applies to each and every person, irrespective of capation is very important, so that the relative health Whatever, write None. worked on may form part of the second statement. fulness of various pursuits can be known.—The ques Statement of Occupation - Precise statement of oc For many occupations a single word or term on or A! Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation Housewife, House-The material

Execution of Cause of Death—Name, first, the disease causine death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epicenic Crebrospinal meningitis"); Diphthera (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."

6

the certificate is permanently flied-

If this certificate is locked over thoroughly and all questions answered in detail, it will prevent further correspond since. All the data is essential and must be obtained before Nomenclature of the American Medical Association.) LICAC quences (e. g., sepsis, letanus) may be stated under the conditions, such as "Asthenia," "Anaemia" mest ture of the injury, as fracture of skull, and conse-Examples: Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age." "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemor symptomatic), "Atrophy," "Collapse," "Coma," ary), 10 ds. causing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); Measles; Poisoned by carbolic acid-probably suicide. The nataken. For VIOLENT DEATHS State MICANS OF INJURY State cause for which surgical operation was under "Puenperal septicaemia." "Puerparal peritonitis," can be ascertained as the cause. (secondary or intercurrent) affection need Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvular heart disease; myes, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-...... (name origin; "Cancer" is less definite; avoid of "contributory." of cause of death approved by Committee on "Debility" ("Congenital," "Senile," etc.), Never report mere symptoms or terminal (Recommendations on state-Example: Meastes (disease Always qualify all (second-(mcrely etc.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH ACTLY, I Registration Dist. No. 235 (If death occurred in Ward) a hospital or institu-tion, give its NAME I. stead of street and number.) proper PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH S SINGLE 4 COLOR OR RACE 3 SEX 16 DATE OF DEATH MARRIED WIDOWED may b OR DIVORCED pino (Write the word) (Month) ... (Day) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH tha (Month) (Day) 7 AGE IIf LESS than and that death occurred on the date stated above, I day hrs. The CAUSE OF DEATH * was as follows: rms RESERVED da. or min.? 8 OCCUPATION 0 (a) Trade, profession or particular kind of work a (b) General nature of industry 0 business, or establishment in ...(Durstion) ... 2 mporta which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country DA D W (Duration) OO 10 NAME OF Ve FATHER コエ 00 (Address) 11 BIRTHPLAC (D) LL COZ OF FATHER the Disease Causing Death, or, in (State or country) fiolent Causes, state (1) Means of Injury and (27 Whether 500 CAI Accidental, Suicidal or Homicidal. 12 MAIDEN NAM 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER nform on ients or Recent Residents) stat 13 BIRTHPLACE At place In the OF MOTHER of death _____yrs.____mos.__ (State or Country) Item of I s should nent of Oc Where was disease contracted, if not at place of dea.h?... 14 THE ABOVE IS TRU usual residence. (Informant) Every it CIANS stateme DATE OF BURIA (Address 20 UNDERTAKE If more banks are needed, address tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more process. Coal mine, etc. Womlaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (r state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, nature of the husiness or industry, and therefore an Civil engincer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many (b) Grocery;

Typhoid fever (never report "Typhoid Pneumonia"); spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS pneumonia, Bronchopneumonia ("Pneumonia,

> or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom (secondary or intercurrent) Chronic interstitial nephritis, American Medical Association.) approved (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., o. Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY (name origin; "Cancer" is less definite; avoid by Committee on Chronic valvular heart disease; Example: Measles (disease affection need not be etc. The contributory Nomenclature of the

answered in detail, it will prevent further correspondence. data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all questions

| 1PLACE OF DEATH | STATE OF MARY |
|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| County frame Geo | CERTIFICATE OF |
| | (31) Registration Dist. No |
| Village or City human Ho (No. | St.: Ward) (If d a hos |
| 2 FULL NAMERLE - William B. Co | stead numb |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DE |
| 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) | 16 DATE OF DEATH 8 8 |
| B DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended t |
| (Month) (Day) (Yea | that I last saw h is alive on Way |
| AGE [IfLESS t | |
| yrs. mos. ds. or m | hrs. The CAUSE OF DEATH * was as follows: |
| B OCCUPATION (a) Trade, profession or (| 2 Klvat Sl |
| particular kind of work | |
| business, or establishment in which employed or (employer) | (Durstion) yre |
| BIRTHPLACE (State or country) | Contributory Secondary |
| 10 NAME OF | |
| I BIRTHER CETTAIN COME COME | (Signed) (Address) (Address) |
| OF FATHER (State or country) | State the Disease Causing Beath, or, in Violent Causes, state (1) Means of Injury an Accidental, Suicidal or Homicidal |
| OF MOTHER Roman Auller | 18 LENGTH OF RESIDENCE (For Hospitals, In |
| 13 BIRTHPLACE OF MOTHER (State or Country) | At place In the of deathyrsmosds. Stateyr |
| 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of death? |
| (Informant) Carri Carri | Former or usual residence |
| (Address) 1:15 block ari | Washington, he by |
| 15 Filed May 24 1981 This & Griffette Registrar | 20 UNDERTAKER ADOR |
| AVESTRUAL | Li I I I I I I I I I I I I I I I I I I I |

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 235

| <i>e</i> • | St.: | Ward) | (If death occurred in a hospital or institu- tion, give its NAME II - stead of street and number.) |
|----------------------------------------------------------------------|-----------------------------------------|-----------------------------------------|----------------------------------------------------------------------------------------------------------------|
| MEDICAL | CERTI | FICATE O | F DEATH |
| 16 DATE OF DEATH | 4 | 83 | , 197/ |
| | | | (Day) (Year) (Year) (Year) (Year) |
| Oct. | 193.6 | 7N | , 192 |
| that I last saw h Line | | na | DOU , 1897. |
| and that death occurred | | | hove, at from m. |
| Vall | wa | ac ! | flat |
| | | 000000-20000-20004 | |
| | (Dur | stion) | yrsds, |
| Contributory Secondary | *************************************** | *************************************** | |
| (Signed) JABI | (Address) | ation) | 778 |
| *State the Dises Violent Causes, state Accidental, Suicidal or | | ng Freath, and of Inju | or, in deaths frem ary and (2) Whether |
| 18 LENGTH OF RESIL | | or Hospita | is, Institutions, Trans- |
| At place of deathyrsmos. | ds. | In the State. | de. |
| Where was disease contract if not at place of death?. | ted, | | |
| Former or usual residence | | | |
| Washingto | n N | B. 9 | pag 4.4 , 19.3 . |
| 20 UNDERTAKER | eno | it : | ADORESS 20-94 91 3 |

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Day en at home, who are engaged in the duties of the worked on may form part of the second statement. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook.
Housemaid, etc. If the occupation has been changed ployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) For persons who have no occupation Automobile factory. The material 6) Grocery,

Strtement of Cause of Death—Name, first, the DIST BA.: CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepta spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospina. Typhoid fever (never report "Typhoid Pneumonia"); (the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

> as fracture of skull, and consequences (e. g., sepsis causing American Medical Association.) approved by Committee on (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease use of "Tumor" "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E.haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," telanus) may be stated under the head of "contributory." carbolic acid-probably swicide. The n ture of the injury. "PUERPERAL septicaemia," "PUERFERAL perilonitis," diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomunqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), interstitial nephritis, FOR VIOLENT DEATHS State MEANS OF INJULY (name origin; "Cancer" is less definite; avoid cough; for malignant neoplasms); Chronic valvular heart discase, etc. The Nomenclature contributory M castes, " etc.

permanently filed. If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

5 1931

| 1 | |
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| PLACE OF DEATH | STATE OF MARY |
| County Prince George (20 | CERTIFICATE OF |
| A second to the | (158) |
| De 19/10 | Registration Dist. No |
| Village or City No. | St.: Ward) (If d |
| men | tion, |
| 2FULL NAME NO NAME | Toller numb |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEA |
| SEX A COLOR OR RACE SINGLE. | 16 DATE OF DEATH |
| A A A WIDOWE OR DIVOLED | 5 - 13 - |
| Temale Higher (Write the word) X | (Month) (Day) |
| 6 DATE OF BIRTH | HEREBY CERTIFY, That I attended to |
| 5 13- 1931 | Delly about 192 . to 2 gness |
| (Month) (Day) (Year) | that I last saw her alive on 5 |
| 7 AGE [If LESS than | and that death occurred on the date stated above, |
| I day X. hrs. | The CAUSE OF DEATH * was as follows: |
| yrs | mainsuntern |
| a) Trade, profession or | 000000000000000000000000000000000000000 |
| particular kind of work None | |
| (b) General nature of industry business, or establishment in | 3 ************************************ |
| which employed or (employer) | (Duration) yra |
| BIRTHPLACE DAG MI'DAG | Contributory Mond July |
| (State or country) Oven Hill, Mg | Cisculation (Durstion) yraft |
| 1D NAME OF | my y |
| FATHER Jun J. Colliers | (Signed) |
| II BIRTHPLACE | 0 - 19 (Address) 101 100 CHE |
| Z (State or country) Apart Millims | *State the lisease Causing Death, or, in Vlolent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. |
| 12 MAIDEN NAME | |
| of MOTHER Many & Proctor | 18 LENGTH OF RESIDENCE (For Hospitals, Incidents or Recent Residents) |
| OF MOTHER PLANTS A MA MA | At place In the |
| (State or Country) Charles Co. Ind | of death yrs. mos. ds. State yr |
| 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of dea.h? |
| 1) office of 6.06.1 | Former or Conculations |
| (Informant) . Document | 19 PLACE DF BURIAL OR REMOVAL DAT |
| (Address) Osewarill, Md. | Oxen Hill mg. 5- |
| Filed May 11 1921 Samuel Carl | 20 UNDERTAKER WAY |
| Filed 1 191 191 191 Pegistrai | none " (New 1) & |
| If more blanks are needed, address Ltate Registrar | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

STATE OF MARYLAND

16032

CERTIFICATE OF DEATH

(If death occurred Im a hospital or institu-tion, give its NAME in-stead of street and number.) Ward)

Registration Dist. No. 3233

| MEDICAL CERTIFICATE | OF DEATH |
|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| 16 DATE OF DEATH 5 - 1 | 3 — , 193/ |
| (Month) | (Day) (Year) |
| Deel about 192 to 2 | men after 1925 |
| that I last saw har alive on | 3 - 13-, 192/ |
| and that death occurred on the date state | ed above, at 11:45 Pm |
| The CAUSE OF DEATH * was as follows: | : = |
| malnutrition | |
| | |
| 401111111111111111111111111111111111111 | |
| *************************************** | ###################################### |
| Kinn min Luisin ka-balan | yes Denis Know |
| | |
| Contributory Monl | reselpt poor |
| Circulation (Durstion) | yor on for Know |
| My. | eley MD |
| (SIBILOU) | Wie D. |
| 5 / 1 (Address) //2/ 1 | soldenbia Pan |
| *State the lisease Causing Deatl Vlolent Causes, state (1) Means of Accidental, Suicidal or Homicidal. | h, or, in deaths from Injury and (2) Whether |
| 18 LENGTH OF RESIDENCE (For Hosp | pitals, Institutions, Trans- |
| ients or Recent Residents) Mo | hospital |
| At place In the | |
| Where was disease contracted, if not at place of dea.h? | disease poor |
| Former or Circult | ation in ther |
| 19 PLACE DF BURIAL OR REMOVAL | DATE OF BURIAL |
| Oven Hill ma. | 5 - 14 - , 19.31 |
| 20 UNDERTAKER WAY | SUDDRESS 11/1/ |
| none! Inview | 1 1) 13 3640 TY 1/1/1/1/1 |

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U.S. Census and American Public Health Association.)

tired 6 yrs. business, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from g. ged in domestic service for wages, as Screant, Cook household only (not paid *Househopers* who receive a definite ralary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emer," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever write None. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been to report ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, Foreman, especially in industrial employments, it is neces-For many occupations a (b) Cotton mill; (a) Salesman, (b) Groccry; man, (b) Automobile factory. The material specifically the occupations of persons en-For persons who have no occupation single word or term on hanged

s. inal meningitis"; Diphtheria (avoid use of "Croup" ed term for the same disease. Examples: Ccrebrosping! Strtement of Cause of Death-Name, first, the DIS Lober i pneumonia, Bronchopneumonia ("Pneumonia, Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same acceptthe only definite synonym is "Epidemic cerebro-U-ING DEATH the primary affection with respec

> approved by Committee on causing death), 29 ds.; Bronchopneumonia (secondary), stited unless important. unqualified, is indefinite); Tuberculosis of lungs, men-inges, pertonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("E.haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary use of "Tumor" for malignant neoplasms); American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERTERAL perilonilis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uracmia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shoek," Whooping cough; Examples: Accidental drowning; Struck by railway train— "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS State MEANS OFINJULY interstitial nephritis, (name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be Chronic valvular heart discase; and consequences (e.g., sepsis, Example: Measles (disease etc. The Nomenclature of the contributory Measles;

data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and a l qu stions

06033

| 1. PLACE OF DEATH | 43) |
|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| County Crince Clev. 60. | Registration Dist. No. 245 |
| Village or City Brewlewood | ND. St., Ward |
| | death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Dayle & Comes | |
| (a) Residence: No. 42/1 (Prophet Turbe) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write, tha word) | 21. DATE OF DEATH 5 25 193 |
| 5a. If married, widowed, or divorced WOODAND OF James H. Couray | 22. I HEREBY CERTIFY. That I attended deceased from any 19 30, to May 25 19 3/ |
| 6. DATE OF BIRTH (month, day, and year) March 20; 1885 7. AGE Yakrs Months Days If LESS than 1 day, | I last saw Wer alive on May 25 , 1931; death is said to have occurred on the date stated above, at 250 p.m. |
| 8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc. | were as follows: Date of onset 1/30 |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc | |
| work was done, as SILK MILL, SAW MILL, BANK, etc | |
| 12. BIRTHPLACE (city or town) Johnsville Cassell Constitution (State or country) | Other Contributory Causes of Importance: Leneralized Carringmatissis |
| 13. NAME Vincent Morningston 14. BIRTHPLACE (city or town) | Name of operation Par hysterectures Data of 8/25/30 |
| (State of country) | What test confirmed diagnosis? Muchos free Was there an autopay? |
| 15. MAIDEN NAME Sade States States 16. BIRTHPLACE (city or town) Laura Johnson | 23. If death was due to external causes (VIOLENCE) fill In also tha following: |
| (State or country) Johnstole met | Accident, suicida, or homicide? |
| 17. INFORMANT James It Course | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE, |
| 18. BURIAL CREMATION OR BEMOVAL Place The Lincoln M. Date May 27-, 1987 | Manner of injury |
| 19. UNDERTAKER F. Sasche Sous (Address) | 24. Was disease or injury in any way related to occupation of deceased? If so, specify |
| 20. FILED May 2 47931 Mrs. Servere | (Signed) Munuar Mathingly M.D. (Address) 2200 MR. Dave U.E. |
| If more blanks are needed, address in te Registrar, | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example | | Example II | |
|--------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis REAU V.S. | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

| O ST | CTLY. PHYSICIANS should state sified. Exact statement of OCCUPA- | |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MARGIN RESERVED FOR BINDING | -WRITE PLAINLY, W. H. UNFADING INK-THIS IS A PERMANENT ECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. | THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN NA |
| .1 | -WRITE PLAINLY, W. H. mation should be carefully CAUSE OF DEATH in plain TION is very important. S. | |

V. S. No. 1 B

| STATE O | F MARYLAND— | CERTIFICATE OF DEATH | 034 |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------|
| 1. PLACE OF DEATH | Le - | | |
| county Trincle | Deorge | Registration Dist. No. 43 | 3 |
| Village or City Day | 200 all | No. St.,St.,Steach occurred in a hospital or institution, give its NAME instead of street and n | ward |
| Length of residence in city or town where de | eath occurredwrsmos | s. ds. How long In U.S. if of foreign birth?mo | s ds |
| 2. FULL NAME WILL | ur Tusse | lloutee | |
| (a) Residence: No. | (Usual place of abode) | St., Ward If nonresident give city or town and | State |
| PERSONAL AND STATISTIC | CAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| male Tolored | S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH May (Oay) | 193 / (Year) |
| 5a. If married, widowed, or divorced HUSBANO of (or) WIFE of | | 22. I HEREBY CERTIFY. That I attended of | |
| 6. DATE OF BIRTH (month, day, end year) | 2010 20 1031 | I last saw h alive on | ., 19 |
| 7. AGE Years Months | Days H LESS than 1 day,hrs. | to have occurred on the date stated above, at. 3.22 m. The PRINCIPAL CAUSE OF DEATH end related ceuses of importance | , death is sai |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | nonl | were as follows: Measles | Oate of onset |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | | | |
| 10. Oate deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation | | |
| 12. BIRTHPLACE (city or town) (State or country) | nd | Other Coutributory Causes of importance: | |
| 13. NAME Thomas | 3, Contee | | |
| 13. NAME TOMAS 14. BIRTHPLACE (city or town) (State or country) | md, 1 | Name of operation Dete of What test confirmed diagnosis? Was there an air | ulanau? |
| 15. MAIOEN NAME (arty) 16. BIRTHPLACE (city or town) | 1 Pinkney | 23. If deeth was due to external causes (VIOLENCE) fill in also the following: | |
| O 16. BIRTHPLACE (city or town)(Stete or country) | and, | Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or lown, county and State | |
| 17. INFORMANT Thomas (C. (Address) | 3. Contee | Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA | ĆE. |
| 18. BURTAL CREMATION, OF REMOVAL | Loste May 1, 1931 | Manner of injury | |
| 19. UNOERTAKER (Address) | mes and | 24. Was disease or injury in any way related to occupation of deceased? | |
| 20. FILEO May 1. 1931 Fr | rest W. Barner Registrar. | (Signed Most W. Darner) (Address) call regustrar and | , М. I |
| 77 | 1 | NO LC PILL PORTO | |

ore blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Ex | ample I | | Example II | |
|------------------------------------------------------------------|--------------------------|---------------|--------------------------------------------------------------------------------|---------------|
| Ex The principal cause of dear of importance were as follo | h and related causes ws: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | JON 4 1931 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | BUREAUV | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | TOREAU V. | July 5, 1927 | Peritonitis | 3 days ago |
| | | | | |
| Other contributory causes | of importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |
| | | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital or institu-tion, give its NAME listead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5,SINGLE 4 COLOR OR RACE 3 SEX 16 DATE OF DEATH WIDOWED OR DIVORCED nnay n bac Write the word) MEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH structions that (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: or min.? & OCCUPATION te 0 (a) Trade, profession or 50 particular kind of work 0 (b) General nature of industry d business, or establishment in which employed or (employer) mpor 9 BIRTHPLACE Secondary (State or country) OK OB (Signed) 11 BIRTHPLACE OF FATHER the Disease Causing Death, or, In deaths from CAUS state (1) Means of Injury and (2) Whether Violent Causes, ATIO (State or country) Accidental, Suicidal or Homicidai. 12 MAIDEN NAME C IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-PA OF MOTHER state CCU2/ ients or Recent Residents) ccn 13 BIRTHPLACE In the At place of deathyrs......mos.... OF MOTHER (State or Country) 00 Where was disease contracted, if not at place of dea.h?. shoul Every Item CIANS sho statement usual residence DATE OF BURIAL If more blanks are needed, addre. s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully employed. as At school, or At home. Care should be taken laborer, Farm loborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the tired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housewhatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (o) should be used only when needed. As examples: (0) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Former or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocetc., report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the Salesman. Locomotive engineer, 6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> letanus) may be stated under the head of "contributory." approved American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJULY "PUERPERAL seplicacmia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease (Recommendations on statement of cause of Examples: Accidental drowning; Struck by roilway troinand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., whon a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the Chronic valvular heart etc. The contributory diseose;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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|---|-----|-------|
| 1 | (A) | DUVEL |
| | Q | > 1 |
| | COR | EVACT |

PLACE OF DEATH

06036

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

| illage or C | City Forest | wille (| Norud, | Upperm | arlboro | Red. | Ward) |
|-------------|-------------|---------|--------|--------|---------|---------------------------|-------|
| 21 | FULL NAME Z | 1.00. | Olivia | | | | 100 |
| 21 | FULL NAME | aman | mone | Nan | cly. | ************************* | |

(If death occurred in a hospital or institu-tion, give its NAME is-stead of street and number.)

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|-------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) Married | 16 DATE OF DEATH May 1983/ Nonth) (Day) (Year) |
| 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from |
| April 12, 1862 (Month) (Day) (Year) | Hovember 25 1930 to May 9, 1903/, that I last saw hame alive on May 8, 1903/, |
| 7 AGE [IfLESS than | and that death occurred on the date stated above, at 12 434 m. |
| I day hrs. | |
| 6/yrs. mos. ds. or min.? | Cerebral hemarrhage |
| s OCCUPATION (a) Trade, profession or particular kind of work | and softening of blain. |
| (b) General nature of industry business, or establishment in which employed or (employer) | (Duration) yrs. 4 mos. ds. |
| 9 BIRTHPLACE (State or country) Fruce Leange Co Md. | Secondary (Duration) |
| 10 NAME OF Edward Darcey. | (Signed) Quel @ Van Matta M. D. |
| OF FATHER (State or country) 12 MAIDEN NAME | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER Comments | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| 13 BIRTHPLACE OF MOTHER (State or Country) Marshand | ients or Recent Residents) At place of deathyrsmosds. Where was disease contracted, |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of death? |
| (Informant) Mrx Herbert Beall | Former or usual residence |
| (Address) Upper Marlbors 7 #1, 74d. | Porestylle M. Man 112, 1937 |
| 15 mit on word That De your tit | 20 UNDERTAKER ADDRESS |

if more banks are needed, addre. s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

No. 100

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the whatever, write None. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, I ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtion applies to each and every person, irrespective of Physician, Compositor, Architect, Locomotive engineer, " etc., report specifically the occupations of persons en-For many occupations a single word or term on yrs). For persons who have no occupation [without more precise specification as Day Stationary fireman, etc. But in many

spinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); ed term for the same disease. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the Dis fever (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accept-EARS CAUSING DEATH (the primary affection with respect pneumonia, Bronchopneumonia ("Pneumonia,

> as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia, ""Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the American Medical Association.) elanus) may be stated under the head of "contributory." Recommendations on statement of cause of death perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, cough; or intercurrent) Chronic valvular heart discase; etc. The contributory affection need not be

permanently filed. answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the ceitificate is this certificate is looked over thoroughly and all qu stions

5

| Village or City Mystlopello. Sa | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2 4 5 (If death occurred in a hospital or institution, give its NAME instead of street and number.) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE SINGLE. MARRIED WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH 3 , 1903 1 |
| 6 DATE OF BIRTH (Month) (Day) (Year) | 17 I HEREFY CERTIFY, That I attended the deceased from March 15 1921. to May 13 , 1921, that I last saw h Makive on May 13 , 1921, |
| 7 AGE 6 9 5 yrs. 8 mos. 23 ds. lfLESS than 1 day hrs. or min.? | and that death occurred on the date stated above, at 2 m. The CAUSE OF DEATH & was as follows: Lieute at a faction heart. |
| (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) | (Durstion) yrs. mos. ds. |
| 9 BIRTHPLACE (State or country) Alexandria Va- 10 NAME OF A X 0 1 | Contributory Cardin passalas Muel diseased Mutual agency pattern (Duretion) Tyre mos de. (Signed) A Compathingly M. D. |
| 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER SUPPLIES OF MOTH | May 13 (3) (Address) 2 200 8 9. ME State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| 12 MAIDEN NAME OF MOTHER PREPARE 13 BIRTHPLACE OF MOTHER (State of Country) | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted, if not at place of death? |
| (Informant) The HEST OF MY KNOWLEDGE (Informant) The House of My Knowledge (Address) 1508 Since of Orman | if not at place of death? Former or assual residence |
| 15 Filed May 14 1981 Mrs. Jas. Severa | 20 UNDERTAKER WWG landers Cos 1400 Chapur |
| If more blanks are needed, address State Registra | r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Laborer, laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servent, Cook, definite salary), may be entered as Housewife House-work, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a whatever, write None. Foreman, For many occupations a especially in industrial employments, it is neces-(b) Automobile factory. The material Architect, Locomotive engineer, single word or term on 9 Grocery;

Statement of Cause of Death—Name, first, the DISBASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis!"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid tclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomunqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases can be ascertained as the cause. Always qualify all Whooping cough; Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic etc. The valvular heart disease; contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU

| Ssifi | Village |
|---------------------------------------------------------------------------|--------------------------|
| k class | |
| certif | |
| prof | 3 SEX |
| s so that it may be printed on back of | mi |
| that it mi | 6 DATE |
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| E = 3 | 5 000 |
| See See | a occ (a) I partic |
| plai nt. | (b) C busin whic |
| in | whic |
| State CAUSE OF DEATH in plain terms CCUPATION is very important. See inst | 9 BIRT |
| OF DE | 10 |
| E V SI | |
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statement

V. S. No.

| 11 | /. | |
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| | PLACE OF DEATH | STATE OF MARYLAND |
| 11/ | | CERTIFICATE OF DEATH |
| 1/ | County J. J. | 2 72 |
| / | 2110 11 | (56) Registration Dist. No. 252 |
| 1 | 11 C. Appe May board | St.: Ward) (If death occurred |
| VI | llage or City Mo. (No. | a hospital cr instil |
| | Palley X a. L. A | tion, give Its NAME stead of street a |
| | 2FULL NAME / WWW FX-WIDT NO | l Vaughur number.) |
| | DESCRIPTION DATE OF THE PROPERTY OF THE PROPER | |
| _ | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 | SEX 4 COLOR OR RACE 5 SINGLE. | 16 DATE OF DEATH MAIN 24 31 |
| 1 | WIDOWED MANNES | 1,000, 1,02) |
| 1 | (Write the word) | (Month) (Day) (Year) |
| 6 | DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased fr |
| | Dhe On out | 1921 . to 1921 |
| | (Month) (Day) (Year) | that I last saw her alive on More 27, 192/ |
| 1- | | and that death occurred on the date stated above, at 2,30 a |
| 7 | If LESS than | |
| 1 | dayhrs. | The CAUSE OF DEATH * was as follows: |
| 1 | O J yrs.) mos. 4 ds. or min.? | 101 |
| | OCCUPATION (a) Trade, profession or | Coule Pronomino |
| | particular kind of work / Amma | 20/ Place to |
| | (b) General nature of industry | |
| | business, or establishment in | (Duration) yrs. mos. |
| 11 — | which employed or (employer) | Contributory |
| 9 | BIRTHPLACE (State or country) | Secondary |
| | | (Duration) yrs mos |
| | 10 NAME OF | (Signed) William M. 7 W bors M. |
| | FATHER Lums de Vaugher | m. 21/21 |
| S | 11 BIRTHPLACE | My 4 1931 (Address) ATTW Ma |
| E | OF FATHER (State or country) | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether |
| l w | | Accidental, Suicidal or Homicidal. |
| AR | | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tra |
| 0 | 13 BIRTHPLACE | ients or Recent Residents) |
| | OF MOTHER | At place In the of death yrs mos ds. State yrs mos sales |
| | (State or country) | Where was disease contracted, |
| 14 | THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of death? |
| | The Hall | Former or usual residence |
| | (Informant) / Mussy 11. Wanghin | 19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL |
| | Jahry marchery | De la company de |
| - | (Address) Misu Marvy | lowone as my 26, is |
| 15 | | 20 UNDERTAKER ADDRESS |
| | Filed Many 1920 Growth Registrar | Welltuffers With a |
| - | | AC W Service SA Polar Province V S Ac 1 |
| | If more blanke are needed, address State Registrar | r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

BERTS

BINDING

FOR

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The question applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g.. Farmer or Planter, state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. Civil engineer. Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a whatever, write None. Housemaid, etc. Foreman, For many occupations a single word or term on especially in industrial employments, it is necesor At Home, and children, Farm laborer, yrs). without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation If the occupation has been changed Laborer-Coul mine, etc. not gainfully em-(6) Grocery, Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same adoepted term for the same disease. Examples: Carebrowningly fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilieria (avoid use of "Croun"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

American Medical Association.) stated unless important. Example: Measles (disease inges, peritonacum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Huemorrhage, Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL scplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing (secondary or intercurrent) Whooping and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injury "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), cough; Chronic etc. The contributory valvular heart affection need Nomenclature disease; not be

If this certificate is looked over thoroughly and all questions analyted in detail, it will prevent further correspondence. A lithe diagn is essential and must be obtained before the certificate is permanently filed.

BINDING

RESERVED

MARGIN

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various purguits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, mainter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | | |
|--------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis JUN 3 | 1915 | Attack of epilepsy | 1 week ago | |
| Conduct interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Corebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago | |
| | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year: | |
| | | | | |
| | | | | |

| | PLACE OF DEATH | STATE OF MARYLAND CERTIFICATE OF DEATH | | |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| ons on pack of certificate: | County/Muce ter exp | Registration Dist. No. 2.45 | | |
| | Village or City of all Williams. Face a. E | Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.) | | |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | | |
| | 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH 4 COLOR OR RACE SSINGLE. MARRIED. Widow OR DIVORCED (Write the word) | 16 DATE OF DEATH May (Month) /2 (Day) /93 (Year) 17 I HEREBY CERTIFY, That I attended the deceased from Abul 193 / to May /2 , 1923/ | | |
| | (Month) (Day) (Year) | that I hat saw h Mailes on May 11 , 192.3/ | | |
| nstructi | 7 AGE 5 3 Jyrs. 2 mos. 15 ds. or min.? | and that death occurred on the date stated above, at | | |
| very important. see i | e occupation (a) Trade, profession or Housing particular kind of work | | | |
| | (b) General nature of industry business, or establishment in which employed or (employer) | (Duration) yrs. mos. ds. | | |
| | 9 BIRTHPLACE (State or country) Hew Girl | Contributory Secondary (Duration) 2 yrs mos de. | | |
| | FATHER Francis Rydex | (Signed) / (Mattengly M.D. 5/12 19(3) (Address) / 12200 R. 9 N.E. | | |
| 20 | OF FATHER (State or country reland | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. | | |
| statement of occora | of Mother Maria Monhelak | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) | | |
| | 13 BIRTHPLACE OF MOTHER (State or Country) (State or Country) | At place of death yrs mos. ds. Stale yrs mos de. | | |
| | 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of death? Former or usual residence Sacred Heast Smul | | |
| | (Informant) Come 1. Address) Cayward, Wis | 9 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PATBLES WORLD PROS 14, 1934 | | |
| | Filed May 12' 1931 Mas Jas, Sorrers | www.leliampers 60 1408 Chapman | | |
| | If more branks are needed, address State Registrar | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. | | |

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engincer, whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

"Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved as fracture of skull, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; American Medical Association.) or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, (Recommendations on statement of cause of death ctanus) may be stated under the head of "contributory." parbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railmay train-"Atrophy," "Collapse," "Coma," "Convulsions, by Committee on Nomenclature Chronic and consequences (e. g., sepsis, Example: Measles (disease etc. valvular heart disease; The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------|--------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------|--|--|
| 1 | | | 06641 | 06041 STATE OF MARYLAND | | | | |
| PLACE OF DEATH | | | | CERTIFICATE OF DEATH | | | | |
| County Punci Hearth | | | (2) | | 0115 | | | |
| ENTRIN CORPORATE LINES | | | | ~ 0 | Registration | Dist, NO. | | |
| Village or City (No.), | | | Perey | St.; Ward) | (If death occurred in a hospital or institu- tion, give its NAME in- | | | |
| | ² FULL | NAME. | (Stillow |) Traws | blui | stead of street and humber.) | | |
| | PERSON | AL AND STATISTIC | CAL PARTICULARS | | MEDICAL CERTIFICATE OF DEATH | | | |
| 3 8 | uale | white | 5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word) | 16 DATE OF DI | (Mouth) BY CERTIFY, That I as | (Day) (Year) | | |
| 6 DATE OF BIRTH | | | | 1 May | 1494 & 193/, to 192 | | | |
| (Month) (Day) (Year) | | | | | that I last saw h alive on | | | |
| 7 AGE If LESS than I dayhrs. yrs | | | | The CAUSE OF | The CAUSE OF DEATING was as follows: | | | |
| 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) | | | | | (Duration) | yramosde, | | |
| 9 BIRTHPLACE (State or country) fluggetonic, lud | | | Contributory Secondary | | | | | |
| | 10 NAME OF FATHER | | H. Dauble | (Signed) | AC 31 Share in Mid | | | |
| RENTS | 11 BIRTHP OF FATI (State of | | alelphia Pa | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents, or Recent Residents) | | | | |
| PAR | 12 MAIDEN OF MOT | Her Han | e S. Roes | | | | | |
| | OF MOTI | | mg | At place of death yrsmosda. In the State,yrsmosda. Where was disease contracted, | | | | |
| 14 T | 14 THE ABOVE IS TRUE TO THE HEST OF MY KNOWLEDGE | | | if not at place of des | if not at place of death? | | | |
| | (Informant). | Maril L | Jranklin | usual residence | URIAL OR REMOVAL | DATE OF BURIAL | | |
| - | (Addre | 30) Jua | usney, wa | | | , 19 | | |
| 15 | Filed Ma | 49 1981 h | Milletta Registrar | 20 UNDERTAKI | or . | ADDRESS | | |
| If more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto., Requestion V. S. No. 1. | | | | | | | | |

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it niture of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. sured 6 yrs.). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enlaborer, Farm laborer, Laborerwhatever, write None. Housemaid, etc. If the occupation has been changed r winese, that fact may be indicated thus: Farmer (re Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully em--Coal mine, etc. Wom-

ed term for the same disease. Examples: Cerebrospinal KASE CAUSING DEATH (the primary affection with respect Lobar pneumonia, Bronchopneumonia ("Pnenmonia." Typhoid fover (never report "Typhoid pneumonia"); spinal meningitis"); Diphtheria (avoid use of "Group"); fover (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accept-Statement of Cause of Death-Name, first, the pist

> ary), 10 ds. Never report more symptoms or terminal use of "Tumor" for malignant neoplasms); Measles; mges, peritonaeum, etc., Caroinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberoulosis of lungs, menconditions, such as "Asthenia," "Anaemia" causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory head of "contributory." diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," "Con-Whooping cough; Chronic valvular heart disease; (name origin; "Cancer" is less definite; avoid ment of cause of death approved by Committee on quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-acoldent; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF taken. For violent deaths state micans of injust State cause for which surgical operation was under-"Puerperal septicaemia," "Puerperal peritonitis," etc. vulsions," (secondary or intercurrent) affection need not be Nomenclature of the American Medical Association.) "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-Example: Measles (disease (second-(merely

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed-If this certificate is looked over thoroughly and all ques-

BUREAU

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certificate.

ee instructions

very important.

| Village or City Multbellolle | STATE OF CERTIFICAT |
|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| 2FULL NAME | riffer |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) | 16 DATE OF DEATH May (Month) |
| 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I |
| (Month) (Day) (Year) | that I last saw halive on |
| 7 AGE Syrs. mos. ds. lf LESS than I day | and that death occurred on the date starthe CAUSE OF DEATH * was as follows: |
| 8 OCCUPATION (a) Trade, profession or particular kind of work | Shift for de |
| (b) General nature of industry business, or establishment in which employed or (employer) | (Duration) |
| 9 BIRTHPLACE (State or country) | Contributory |
| 10 NAME OF FATHER TELL Diffin | (Signed) Court turk |
| UN TI BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME | *State the Disease Causing Dea Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal. |
| of Mother Ida Ibwell | 18 LENGTH OF RESIDENCE (For Ho |
| 13 BIRTHPLACE OF MOTHER (State or Country) | At place of deathyrsmos.,ds, |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of dea.h? |
| | Former or usual residence |
| (Informant) Samuel P. Hyaft | 19 PLACE OF BURIAL OR REMOVAL |
| 15 Filed Kran/9 193/ King fruit | 20 UN DERTAKER DILL |

STATE OF MARYLAND CERTIFICATE OF DEATH

| | Reg | gistration E | Dist. No. | |
|---------------------|---------|--------------|-----------|-----------------------------------------------------------|
| ffin | St.: | Ward) | a hospita | occurred in l or institu- its NAME is street and |
| MEDICAL | CERTI | FICATE O | F DEATH | 1 |
| DATE OF DEATH | m | ary | 17 | , 19 J / |
| | (7) | Ionth | (Day) | (Year) |
| | ERTIFY, | That I atte | | deceased from |
| Box | 192 | coa | | , 192, |
| t I last saw h | | / | 1 | , 192, |
| that death occurred | on the | date stated | above, at | m. |

| no Munice | nam ma | llendame |
|------------|------------|----------|
| ho thingse | bounda | ed . |
| | | |
| | (Duration) | vrs. mos |

(Address)

Disease Causing/ state (1) Means Death, or, in deaths from *State the Injury (2) Whether Causes, of and Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) In the

At place of death Where was disease contracted, if not at place of dea.h?

If more blanks are needed, addre. s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, or At Home, and children, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the not gainfully em-(b) Grocery;

Strtement of Cause of Death—Name, first, the DISEAR CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Brouchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease (Recommendations on statement of cause of death "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi or intercurrent) affection need not be ess important. Example: Mcasles (disease Chronic valvular heart disease; etc. The contributory ," "Convulsions, Measles ;

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| PHYSI- | PLACE OF DEATH County Muly Slorger | STATE OF MARYLAND CERTIFICATE OF DEATH |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| EXACTLY, | Village or City Chillen (No. 1 2FULL NAME Dela M. Hu | Registration Dist. No. 245 Ward) (If death occurred in a hospital er institution, give its NAME instend of street and number.) |
| oper | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| ed ACE should be st s so that it may be pr structions on back of | 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED, OR DIVORCED (Write the word) 6 DATE OF BIRTH 7 AGE 1 LESS than 1 day hrs. | 16 DATE OF DEATH Moly (e, 193) (Month) (Day) (Year) 17 HEREBY CERTIFY, That I attended the deceased from 1931. to Mary (e, 1931. that I last saw h & alive on Mory (e, 1931. and that death occured on the date stated above, at 7.45 22., m. The CAUSE OF DEATH * was as follows: |
| Every item of Information should be carefully supplications should state CAUSE OF DEATH in plain terms statement of OCCUPATION is very important. See ins | B OCCUPATION (a) Trade, profession or Correlation (b) General nature of industry usiness, or establishment in which employed or (employer) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE AGOVE S TRUE TO THE BEST OF MY KNOWLEDGE (Address) 15 Filed man 7 198" 18 OCCUPATION Mon., des. or min., d | Contributory Secondary (Duratiop) "State the Disrase Causing Death, or, in deaths from Violent Caus, s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death |
| 12 | If more blanks are needed, addross State Registrar | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |
| | tem of information should be carefully supplied ACE should be stated EXACTLY, P should state CAUSE OF DEATH in plain terms so that it may be properly classified. ant of OCCUPATION is very important. See instructions on back of certificate. | Village or City Children (No. 2FULL NAME PATICULARS PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. MARRIED. MARRIED. MARRIED. MIDDWEDGED OF A TO WIDDWEDGED OF A TO WIDDWE |

(Approved by U. S. Census and American Public Health Association.)

laborer, Spinner, (b) Cotton mill; (a) Salesman. (b) Grocory; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Tealbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Nervant, Cank to report specifically the occupations of persons endefinite salary), may be entered as Housewife, House, household only (not paid Housekeepers who redeive a en at home, who are engaged in the duties of er," etc., should be used only when needed. As examples : 'c additional line is provided for the latter statement: if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write Nonc. Housemaid, etc. If the occupation has been change Physician, 6 yrs). For persons who have no occupation or At Home, and children, not gainfully For many occupations a single word or term on Farm leborer, Laborer-Coul mine, etc. without more precise specification as At school, or At home. Care should be taken Compositor, Architect, Locomolive But in many engineer, -We .. Right the

5

Statement of Cause of Death—Name, first, the DISECAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synchym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); obar pneumonia, Bronchopneumonia ("Pneumonia,");

as fracture of skull, and consequences (e.g., sepsis, "PUERPERAL septicaemia," "PUERPERAL peritonihis, acaident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uruemia," "Weakness," etc., when a definite disease telimus) may be stated under the head of "contributory orks probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY "Debility" ("Congenital," "Senilc," etc.), "Dropsy, "Exhaustion," "Heart failure," "Hacmorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy." "Collapse," "Coma," "Convulsions," stated unless important. use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Curcinoma, Sarcoma, etc., of causing (secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on (Recommendations on statement of cause of Examples: Accidental drowning; Struck by reilway train Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid seases resulting from childbirth or miscarriage as Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary cough; Chronic Example: Measles (disease affection necd etc. valiadur heart disease; Nomenclature The contributory Measles; not be

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

| M |) | PHYSI- d. Exact | |
|-----------------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | CORD | upplied. ACE chould be stated EXACTLY, PHYSI-terms so that it may be properly blassified. Exact se instructions on back of certificate. | |
| DN. | -THIS IS A PERMANTT | upplied. ACE chould be stated EXAC. terms so that it may be properly chase instructions on back of certificate. | The second secon |
| NED FOR BINDING | PERM | E chouist it ma | |
| FOR | IS A | so the | |
| VED | THIS | upplied terms se insti | S. |

| PLACE OF DEATH | (6044 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| County Penge | STATE OF MARYLAND CERTIFICATE OF DEATH |
| hard air | Registration Dist. No. 2×6 |
| Village or City (No | St.: Ward) (If death occurred is a hospital or institution, give its NAME is stead of street annumber.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED | 16 DATE OF DEATH May 11, 1937 |
| 6 DATE OF BIRTH (Month) (Day) (Year) | (Month) (Day) (Year) 17 I HEREBY CERTIFY, That Mattended the deceased from 18 19 19 19 19 19 19 19 19 19 19 19 19 19 |
| 7 AGE 7 Hyrs. H mos. ds. or min.? | and that death occurred on the date stated above, at 7 304 m. The CAUSE OF DEATH * was as follows: |
| (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Wolhlushment Muland | (Duration) |
| 10 NAME OF Thrum O. Mestachan 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME | (Signed) M. D *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| 13 BIRTHPLACE OF MOTHER (State or country) | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Stateyrsmosds |
| (Informant) Alie Best of MY KNOWLEDGE | Where was disease contracted, if not at place of death? Fornier or usual residence. |
| (Address) had and but | Washy D. D. May (3, 137) |
| Filed May 11 1981 Starry hally Moon Registrar | Williamse huly 4 al |
| If more branks are needed, address State Registrar | r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Fublic Health American)

should will only be added to ample (c)

Spanner, (b) (coll)

(a) Formore,

worked on in will ample to a most.

Never return the best of the collins of the c or given the economic state occupation in the state occupation occupation in the state occupation in the state occupation in t gaged in ion: tie make to who a some form definite salary, may be moved in Mostley Manager work, or 1/ / and another material salary ployed, is 1/ and another constitution of the constitut deborer, Fermi of the control of the cases, especial, in the state of the state o fulness (variety in a circ, in the remark of salth-tion appeles to a climate the salth-age. For many of tired 6 er," etc Civil engineer. whatever wri Physician, Commerce, the first live will be unincome go land a Phalo Statement of designing the ability to be For nate or application and at term on fact may be indicated than; Former to the persons who have no occupation

Statem it of Canada and Statement (a see the control of the contro

10 d. Nevel resonant purphism on terminal conditions, such as "A thornia". An early symptematic, "Arrop y" Callap "" "Com """Convulsions," "Deblity" ("Congalital," "Sealte," etc. "Dropsy," "Ethaustion," "Heart failure," "Haemorrhage," "Hamision," "Maranna "Gld Age," "Shock," "Unamia," "Wen name etc., when a definite disease can be a testanted as the cone. Abrays qualify all diseases resulting from children or no carriage as appear of the Committee of To on manufaction and income, of death as tractice of man, and only teners is g. c., sis, televal of the history." as fractive of them and contamined to g. State or so not which married apprention was under-talen. For the contract of the strains of the concausing death 29 h.; Annian or conia secondary), Ch is a literative etc. The contributory isecondar or information a faction need not be stated unless important. Example: Mondes disease ingo, pertanta, etc., ("meinora, Sercoma, etc., of name origin; "Canen" is I ss definite: avoid use of "Turner" or malignant moplasms; Measles; or as y rol to y such a langer that the available electrically and qualify the contract of th Example: 'Arith'i Archine Seneral de la Archine Tel ulo 's of lungs, mon-The section in the injury, ler hert disease months was under-

American M final americans.

If the continuous final recommendation of the strength of the str

| | 06045 |
|-------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| PLACE OF DEATH | STATE OF MARYLAND |
| County Princes Crisis | CERTIFICATE OF DEATH |
| 0 0 | Registration Dist. No. 2 49 |
| Village or City Jame (No | St.: Ward) (If death occurred is a hospital or institution, give its NAME in stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) | 16 DATE OF DEATH \(\text{Month} \) \(\text{(Month)} \) \(\text{(Dsy)} \) \(\text{(Year)} \) |
| Month (Day) (Year) | that I last saw h Annalive on |
| 7 AGE If LESS than I day hrs. or min.? | and that death occurred on the date stated above, at 2.3.72 m. The CAUSE OF DEATH * was as follows: |
| (a) Trade, profession or particular kind of work | apopless |
| (b) General nature of industry Dusiness, or establishment in which employed or (employer) | (Durstion) yrs hos de |
| 9 BIRTHPLACE (State or country) | Contributory Secondary (Durstion) yy, mos ds |
| 10 NAME OF Charles Hawhins | (Signed) |
| OF FATHER (State or country) | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of Mother Sarah. | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER (State or Country) | At place In the of deathyrsmosds. Stateyrsmosds. |
| 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of death? |
| (Informant) mary my Hawkens (Address) Jay & Cits his | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| Filedmay 10 197 Grave Louve Registrar | Win Tolbert 6 m nst |
| If more branks are needed, address State Registrar | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages; as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6 Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease inges, perilonacum, etc., Carcinoma, tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as atic), "Atrophy," "Collapse, use of "Tumor" for malignant neoplasms); approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; Recommendations on statement of cause of .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic ," "Coma," "Convulsions, affection need not be etc. valvular heart The contributory Always qualify all Sarcoma, etc., of disease; Measles ;

(Approved by U. S. Census and American Fublic Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesmon, (b) Grocery, (o) Foreman, (b) Automobile foctory. The materia. should be used only when needed. As examples: (o) additional line is provided for the latter statement; if nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Former (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., without more precise specification as Doy laborer, Farm loborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationory firemon, etc. But in many Physician, Compositor, Architect, or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons en-For many occupations a single word or term on For persons who have no occupation Locomolive engineer,

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise_se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchoppeumonia ("Pneumonia,")

> tclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably smeide. The nature of the injury, taken. For violent deaths state means of injunx "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. "(E.haustion," "Heart Imme," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease acoident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, st_ted unless important. use of "Tumor" for malignant neoplasms); Meosles, American Medical Association.) approved the commendations on statement of cause of Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was underdiseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar) or intercurrent) affection need not be st-ted unless important. Example: Measles (disease Whooping cough; Chronic volvular heart disease; Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiperilonaeum, etc., Corcinoma, Sarcoma, etc., o by Committee on Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

| 1 = 1 | STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| infor- state UPA. | 1. PLACE OF PEATH | 73-4 |
| OCC GILD | County Crune Gury | Registration Dist, No. 23/ |
| item of should of OCC | Village or City Dunkwood | No. St, Ward death occurred in a hospital or institution, give its NAME instead of street and number) |
| | Length of residence in city or lown where death occurredyrsmo | |
| Every | 2. FULL NAME Robert T. Justs | m |
| Statem | (a) Residence: No. 222 Schwell It | St., Ward. |
| 77 - | (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH |
| Exact | 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH |
| L'X | m C OR-DIVORCED (write the word) | (Month) (Day) (Yoar) |
| NDING RMANEN X A C T I classified. | 5a. If married, widowed, or divorced HUSBAND of | 22. I HEREBY CERTIFY. That I attended decided from |
| BINDING PERMANEN EXACT y classified te. | (or) WIFE of Mary | man 21 1931 to man 30 1931 |
| | 6. DATE OF BIRTH (month, day, and year) UN 1852 | I last sayh malive on my 79 1, 1931; death is sai |
| F 77 65 | 7. AGE Years Months Days If LESS than 1 day,hrs. | to have occurred on the date stated above at 2 |
| FOR IS A stated proper | 0rmin. | The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows: Date of onse |
| 70 | 8. Trade, profession, or particular kind of work done, as SPINNER, Retired R.R. SAWYER, BOOKKEEPER, etc. | minimalities |
| RESERVED G INK—THE AGE should be that it may be ons on back of | 9. Industry or business in which work was done, es SILK MILL, Conductor. SAW MILL, BANK, etc. | |
| ERV. VK—T should it may n back | 10. Date deceased lest worked at 11. Total time (years) | |
| RESI NG INI AGE SI that it | this occupation (month and spant in this year) occupation | |
| - Y | 12. BIRTHPLACE (city or town) VA | Other Contributory Causes of importance: |
| MARGIN UNFADI) supplied. n terms, so | (State or country) | mypyse fistbone, |
| | 13. NAME aldre Justison 14. BIRTHPLACE (city or town) (State or country) | Prostatis hyperhophy |
| MAIN THE DIRECT SEE | 14, BIRTHPLACE (city or town) | Name of operation Date of |
| 12 13 | 15. MAIDEN NAME Permis Carles | What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| INLY, WE be carefull EATH in plinportant. | 16, BIRTHPLACE (city or town) | Accident, sulcide, or homicide?Date of injury19 |
| INL.) | ∑ (State or country) | Where did Injury occur? (Specify city or town, county and State) |
| PLAINLY, should be ca OF DEATH very import | 17. INFORMANT James I, Julysm | Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. |
| | (Address) Sunfuvel. M. 18. BURIAL, CREMATION, OR BEMOVAL | Manner of Injury |
| | Place Might group Note (ML 1, 19.) | Nature of injury |
| WRITE mation sl | 19. UNDERTAKER MC Jacus. | 24. Was disease or Injury in any way releted to occupation of deceased? |
| R. L. | (Address) 14. 12 your My, | If so, specify |
| id Z | 20. FILED May 3.0, 19.31 M. D. Shills. | (Signed) M. M. (Address) M. M. |
| | 4 | , 2411 N. Charles Street, Baltimole, Rquesting V. S. No. 1. |
| | | V |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example EIVED | | Example II | |
|----------------------------------------------------------------------------------------------------------|---------------|----------------------------------------------------------------------------------------------------|---------------|
| The principal cause of death and related causes of importance were as follows: N 5 931 Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset |
| Chronic interstitual nephritis DREATT 3 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | May 1,1923 | Other contributory causes of importance: Gastroenteritis | 1 year |
| | | 3 | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

| STATE OF MARYLAND | CERTIFICATE OF DEATH |
|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH | (201) 11 |
| County V Marge George | Registration Dist. No. 23/ |
| Village or City Helenstone | No. St. Ward |
| | f death occurred in a hospital or institution, give its NAME instead of street and number) |
| 7 4 1 6 4 /00 000 | ds. How long In U.S. if of foreign birth? yrs. mos. ds. |
| 2. FULL NAME | |
| (a) Residence: No. Kally (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX / 4. COLOR OR RACE / 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH |
| That colored OR DIVORCED (rugice the word) | / / / 193 1 - |
| 5e, If married, widowed, or divorced | (Morth) (Day) (Year) |
| HUSBAND of (or) WIFE of | 22. 1 HEREBY CERTIFY, That I attended deceased from |
| | , 19, to, 19, 19 |
| 6. DATE OF BIRTH (month, day, end year) | I last saw h; death is said |
| 7. AGE Yeers Months Deys If LESS then I dey,hrs. | to heve occurred on the date stated above, alni. The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| S Trade referein as particular | were as follows: |
| 8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. | Facture of Skull 5/1/2 |
| 9. Industry or husiness in which | 3/143 |
| work was done, es SILK MILL, Coul wagou | |
| | |
| yeer) occupation | Other Contributory Causes of importence: |
| 12. BIRTHPLACE (city or town) | |
| (State or country) | |
| 13. NAME Manuel Jackson 14. BIRTHPLACE (city or town) | |
| 14. BIRTHPLACE (city or town). (State or country) | Name of operation Dete of |
| | What test confirmed diegnosis? Wes there en eutopsy? |
| E / James Junior | 23. If death was due to externel causes (VIOLENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) (State or country) | Accident, suicide, or homicide? |
| BO O O O Me | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT MANUELLE TOMASON (Address) | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL AND MANY | Manner of injury at 5 4. m. |
| Plece Bladeus burgbete May 15,1931. | Neture of injury + ractured Skull |
| Lu Di a o | 24. Was disease or injury in any way related to occupation of deceased? |
| 19. UNDERTAKER Sold Sold Sold (Address) | If so, specify |
| 20 FILED may 14 1931 m. D. Shicer | (Signed) Jerusa M. D. |
| 20. FILED / 1847/4 , 1931. TV . De Registrar. | (Address) bushing of my |
| If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting V. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| E | xample I | | Example II | |
|-------------------------------------------------------|-----------------------------|---------------|--------------------------------------------------------------------------------|---------------|
| The principal cause of dea of importance were as foll | ath and related causes ows: | Date of enset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | JUN 5 1931 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | PIRAT | July 5,1927 | Peritonitis | 3 days ago |
| | A UVINA A | 3 | | |
| 0.1 | The second second | | | |
| Other contributory causes | of importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |
| | | | | |

| ADDITIONAL | SPACE F | OR F | URTHER | STATEMENTS | BY | PHYSICIAN |
|------------|---------|------|--------|------------|----|-----------|
|------------|---------|------|--------|------------|----|-----------|

| (N | | Y, PHYSI- |
|-------------|----------------|---------------------------------------------------------------------------------------------------------------------------|
| | VI CORD | ed. ACE should be stated EXACTLY, PHYSI-s so that it may be properly classified. Exact structions on back of certificate. |
| FOR BINDING | IS IS A PERMAN | should be t it may be is on back of |
| D FOR | IS IS A | ed. ACE s so tha struction |

| | PLACE OF DEATH County Prince Georges | STATE OF MARYLAND CERTIFICATE OF DEATH |
|------|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Vil | lage or Citymont Heights (No. | St.: Ward) St.: Ward St.: Ward St.: AME instead of street and |
| - | 2FULL NAME CANADA | number.) |
| - | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 5 | SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH May 22, 193/ (Month) (Day) (Year) |
| 6 1 | Suby 26, 1903 (Month) (Day) (Year) | that I last saw her alive on May 22, 1931. |
| 7 A | If LESS than 1 day hrs. 2 dds. or min.? | and that death occurred on the date stated above, at 7 |
| 1 | a) Trade, profession or articular kind of work b) General nature of industry | Lobar meumonia |
| - | usiness, or establishment in which employed or (employer) | Contributory Secondary (Duration) yrs. mos. de. |
| ENTS | 11 BIRTHPLACE OF FATHER (State or country) 12 D NAME OF FATHER (State or country) | (Signed) |
| PARI | 12 MAIDEN NAME OF MOTHER Clina (Standont 13 BIRTHPLACE | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) |
| | OF MOTHER (State or Country) | At place of deathyrsmosds. In the Stateyrsmosds. |
| 14 | (Informant) Forman Townson | Former or usual residence 19-#LACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| 15 | Filed May 24 198 phrs D Vrijith | Nathangler & May 24, 181. 20 (NDEFTERER J. Deway & 20-7- STATE |
| - | Negistra | Chy C. A. S. P. Iv. B. Waling V. S. No. 1 |

OCCAT

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Grocery,

Statement of Cause of Death—Name, first, the Disease Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, etc. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-10 ds. Never report mere symptoms or terminal condi-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Whooping American Medical Association.) peritonaeum, etc., Carcinoma, Sarcoma, etc., of . (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic valvular heart The contributory Always qualify all disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 23 (If death occurred in Ward) a hospital or institu-tion, give its NAME instead of street and number.) PERSONAL AND STATISTICAL PARTICUL MEDICAL CERTIFICATE OF DEATH S SINGLE. 4 COLOR OR RACE 3 SEX MARRIED. WIDOWED OR DIVORCED (Write the word) 2 2 (Day) /93/(Year).... I HEREBY CERTIFY. That I attended the deceased 6 DATE OF BIRTH (Year) (Month) (Day) IIf LESS than and that death occurred on the date stated above, at 7 AGE I day hrs. The CAUSE OF DEATH * was as follows: or min.? RESERVED OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Durstion) which employed or (employer) Contributory MARGIN BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF FATHER man 22181 (Address) Laure 11 BIRTHPLACE *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Mesns of Injury and (2) Whether Accidental, Suicidal or Homicidal. OF FATHER (State or country) 12 MAIDEN NAME 2 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-PA OF MOTHER ients or Recent Residents) state OCCUP 13 BIRTHPLACE At place OF MOTHER (State or Country) Where was disease contracted, b if not at place of death?..... shoul Former or usual residence 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Statement of Occupation-Precise statement of oc-(a) Foreman, report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the (6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrbage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. stated unless important. Example: Measles (disease setanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainatic), causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart disease; Nomenclature

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. classifi (If death occurred in a hospital or institu-..... Ward) tion, give its NAME instead of street properly wumber.) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE | 5 SINGLE, MARRIED, Manu WIDOWED It may be on back hould OR DIVORCED (Write the word) HEREBY CERTIFY, That I attended the deceased 6 DATE OF BIRTH188.1., to Mans thai netruction (Month) (Year) and that death occurred on the date stated abovs, at J. J. 0 7 AGE If LESS than The CAUSE OF DEATH It was as follows: I day ... hrs. // mos. 2 OCCUPATION (a) Trade, profession or particular kind of work ... / Lamus plali (b) General nature of industry importan business, or establishment in which employed or (employer)... Contributory 9 BIRTHPLACE Secondary (State or com MARGIN M a 10 NAME OF (Address) J211 RENTS 11 BIRTHPLACE ist 25 *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) feans of Injury: and (2) whether Accidental, Suicidal or Homicidal, OF FATHER AUS (State or country) 12 MAIDEN NAME 0 4 OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) 60 13 BIRTHPLACE 50 At place in the OF MOTHER ... yrs. ... mos..... da. State,yrs......mos. 00 of death (State or country) Where was disease contracted, 5 if not at place of death?... Former or usual residence. statem DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL Registrar If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (reor given up on account of the bisease Causing DEATH, gaged in domestic service for wage: as Servant, Cook, ployed, a. At whool or At home, (are should be taken whatever, write None. state occupation at 'eginning of illness If retired from Housemaid, etc. If the occupation has been changed to report definite salary), may be entered a. Housewife, House household only (not paid Housekeepers who receive a en at home. laborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form par: of the second statement. Never return "Laboret;" "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, c. g., Farmer or Planter (a) Foreman. (b) Automobile factory. Civil engineer, Stationary foremen, etc. Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various purguits can be known. 'sinner, (b) Cotton mill; (a) Salesman. (b) Grocery; rapation is very important, so that the relative harith-Statement of Occupation - Precise statement of ocetc., without more precise specification as Day v yrs.). For many occupations a single word or specifically the oce pations of pina trak who are engaged in the duties of the Home, and children, not gainfully em-For persons who have no occupation The material But in many persons The questerm on

Executed of Cause of Death—Name, first, the bis-LASE CAUSENCE DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidezic carebrospiral meningitis"); Diphtheria (avoid use of "Croup"); Tuphoid fever (never report "Typhoid pneumonia"): Lober pneumonia, Bronchopneumonia ("Pleanmania,"

> Nomenclature of the American Medical Association.) ment head of "contributory." quences (e. g., sepsis. tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by curbolic acid-probably suicide. train-acodent; Revolver wound of head-homicide; rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," conditions, such as "Asthonia," "Anaemia" Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under-"PURPERAL septicaemia." "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uracmia," "Weakness." etc., when a definite disease "Dropsy," "Exhaustion." "Heart ary). 10 ds. stated unless important. use of "Tumor" for mallguant neoplasms); unges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definité; avoid vulsions." causing death), 29 ds.; Bronchopneumonia (secondary or intercurrent) affection need Chronic interstitial nephritis, etc. Whooping cough; Chronic valvular heart unqualified, is indefinite); Tuberculosis of lungs, men of cause of death approved by Committee on FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senlle," etc.), Never report mere symptoms or terminal (Recommendations on state-Example: Measles (disease Always qualify all failure." "Hacmor-The contributory "Coma." Housles; The na-(second-(merely not be

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PLACE OF REATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 235 (If death occurred in a hospital or Institu-tion, give its NAME In-Ward) atead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SSINGLE 4 COLOR OR RACE WIDDWED. may b VORCED (Write the word) (Dav) I HEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH 17 (Month) 7 AGE If LESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH WAS RESERVED or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration)yrs...... mos...... ds. which employed or (employer) ATH Impor Contributory MARGIN 9 BIRTHPLACE (State or con 0 0 0 ENTS ate the Disease Causing Death, or, in deaths from S CAUS Violet Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) ... 8 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate CCUPA ients or Recent Residents) 13 BIRTHPLACE At place In theyrs.......mos......ds. State vrs. mes ds. (State or Country 00 Where was disease contracted, 14 THE ABOVEUS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of death?... Every item CIANS sho statement item sho usual residence. 9 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKE! Registrar

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Won-en at home, who are engaged in the duties of the Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servout, Cook. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Doy (b) Automobile foctory. The material For persons who have no occupation-(b) Grocery,

Statement of Cause of Death—Name, first, the bis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. unqualified, is indefinite); Tuberculosis of lungs, mentions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," Chronic interstitial nephritis, Whooping American Medical Association.) approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway troinor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock, Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart Example: Measles (disease affection need not be etc. The contributory Always qualify all disease;

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| PLASE OF DEATH | STATE OF MARYLAND |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| County Muce Terry | CERTIFICATE OF DEATH |
| | Registration Dist. No. 234 |
| Village or Chacoker (No | St.: Ward) (If death occurred in a hospitul or institu |
| 2FULL NAME William Leon | and dederey tion, give its NAME in stend of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) | 16 DATE OF DEATH May 29, 1931 (Year) |
| 6 DATE OF BIRTH May (Year) (Year) | that I last saw how alive on Melly 79, 193 |
| 7 AGE If LESS than | and that death occurred on the date stated above, a 9:30 0 m. |
| 70 yrs. 0 mos. 24 ds. or min.? | The CAUSE OF DEATH * was a fallown: Cerebral Embolism |
| (a) Trade, profession or particular kind of work | & Cerebral Throughes. |
| (b) General nature of industry business, or establishment in | 10 11 11 11 11 |
| which employed or (employer) Wellewoodse | Contributory CA To by a De los and a |
| 9 BIRTHPLACE (State or country) | Secondary |
| 10 NAME OF FATHER ST. | (Signed) Description of yis mos de |
| o 11 BIRTHPLACE | May 301931 (Address Vandywine |
| OF FATHER Z (State or country) H 12 MAIDEN NAME OF FATHER GRANDER STATE S | *State the Discase Causing Death, or, in deaths from Violent Caus.s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. |
| of MOTHER Jarah Jaswell | 18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Trans- |
| 13 BIRTHPLACE OF MOTHER (State or country) | ients or Recent Residents) At place In the of death yrs |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of death? |
| Jamis duer | Former or usual residence |
| (Informant Cacollell) | 19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL |
| 15 Filed May 30 1981 Plena Hourt | 20 UNDERTAKER ADDRESS ADDRESS MILLIAM ON A |
| If more blanks are needed, address State Registrar, | 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |
| | |

(Approved by U. S. Census and American Public Health Association.)

cases, Spiener, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreneau, (b) Automobile factory. The material additional line is provided for the latter statement; if sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative health state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House-nork, or At Home, and children, not gainfully emer," etc., without more precise specification as Day tuborer Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager." "Deulshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an Civil engineer. the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cool. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Physician, whatever, write None. or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed For many occupations a single word or term on especially in industrial employments, it is necesyrs). Compositor, For persons who have no occupation Stationary froman, etc. But in many Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (*erebrospinol fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (nover report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> " Inanition, stated unless important. Example: Meosles (disease inges, perilonaeum, etc., Carcinomu, Sarcoma, as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory". carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonihis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Whooping cough; use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, approved Recommendations on statement of cause of Examples: Accidental drowning; Struck by rodway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY interstitial nephritis, by Committee on or intercurrent) affection need not be " " Marasmus, Chronic " "Old Age, " "Shock," etc. valvular heart disease; Nomenclature of the The contributory Meusles ; etc., of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

laborer, fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Oceupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servand, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Spinner, (b) Cotton mill; (a) Salesman. whatever, write None. business, that fact may be indicated this; Furmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never rcturn "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. Foreman, Or For many occupations a especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Wom-At Home, and children, not gainfully em-For persons who have no occupation (b) Automobile factory. The material single word or term on 6 Grocery; Day

spinal meningitis"); Diphtheria (avoid use of "Croup" ed term for the same disease. Examples: ('erebrospinal' to time and causation), using always the same accept-Statement of Cause of Death-Name, first, the DISfever (the only definite synonym is "Epidemic cerebro-EASE CAUSING DEATH (the primary affection with respect, pneumonia, Bronchopneumonia fever (never report "Typhoid Pneumonia"); ("Pneumonia,

131

answered in detail, it will prevent further correspondence.

essential and must be obtained before the certificate is

All the

Bermanently filed

as fracture of skull, and consequences (e.g., sepsis, Recommendations on statement of cause of approved by Committee on Nomenclature of the American Medical Association.) "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, eausing death), 29 ds.; Bronehopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicacmia," "PUERPERAL perilonilis," etc. tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping (classus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, can be ascertained as the cause. (secondary or intercurrent) Examples: Accidental drowning; Struck by railway train State eause for which surgical operation was under-- If this certificate is looked over "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as cough; Chronic etc. affection need valvular thoroughly and all questions The contributory Always qualify all heart disease; not be

| 1PLACE OF DEATH | STATE OF MARYLAND |
|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| County County | CERTIFICATE OF DEATH |
| () TITO II | Registration Dist, No. 749 |
| Village or City O William Trul | (If death occurred in |
| | a hospital or institu- tion, give its NAME in- stead of street and |
| 2FULL NAME | Love number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DWORGED (Write he word) | 16 DATE OF DEATH (1804) (1921) (1921) (Year) (Year) |
| 6 DATE OF BIRTH (Month) (Day), (Year) | that I last law h silve on 192 , 192 , |
| 7 AGE [If LESS than | and that death occurred on the date stated above, at |
| l dayhrs. | The CAUANOF DEATH * was as follows: |
| yrsds. ormin.? | or Worther |
| (a) Trade, profession or particular kind of work | |
| (b) General nature of industry business, or establishment in | |
| which employed or (employer) | (Duration)yrsmosde, |
| 9 BIRTHPLACE (State or country) | Contributory Secondary (Duration) |
| 10 NAME OF FARER MARINE COUL | (Signed) Riff and M. M. Sector Decoration |
| OF FATHER (State or country) | *State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of Mother Bulloven Cranford | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER COMMANDER | At place In the of death |
| (State of Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, il not at place of dea h? |
| (NORTHADAS - TOMAS | Former or usual residence |
| (Informatic) | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| (Address) | addisons Chapel may 27, 1931 |
| 15 File Isra 24 1981 John & queal | 20 UNDERTAKER ADDRESS |
| Registras | Ritchie Bros Ritchie md |
| If more banks are needed, address thate Registrar | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Appröved by U. S. Census and American Public Health Association.)

or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from that fact may be indicated thus; Farmer (rewhatever, write Nonc. should be used only when needed. As examples: (a) Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, Civil engineer, tl: first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many report specifically the occupations of persons en-For many occupations a single word or term on or At Home, especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. and children, not gainfully em-The ques-

Strtement of Cause of Death—Name, first, the Dis-EALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrostinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lohar pneumonia, Bronchopneumonia ("Pneumonia,"

> altelabus) may be stated under the head of "contributory." approved by "Exhaustion," as fracture of skull, and consequences (e g., sepsis, American Medical Association.) chrbolic acid-probably swicide. The n .ture of the injury "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be atried unless important. Example: Measles (disease Recommendations on statement of cause of accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERFERAL peritonitis, diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptom-Examples: Accidental drowning; Struck by railway train taken. can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumunia (secondary), use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, men-"A trophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi FOR VIOLENT DEATHS State MEANS OF INJULY . (name origin; "Cancer" is less definite; avoid interstitial nephritis, cough; Committee on Nomenclature Chronic etc. The contributory valvular heart disease;

If the certificate is looked over thoroughly and all qu stions are vered in detail, it will prevent further correspondence. All the data is assential and must be obtained before the certificate is permanently filed.

PHYSICIANS should state of OCCUPA-Exact statement stated EXACTLY. A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. UNFADING INK-THIS IS AGE should be mation should be carefully supplied. B. WRITE PLAINLY

MARGIN RESERVED FOR BINDING

V. S. No. 1

| | -CERTIFICATE OF DEATH 06056 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH | (108) |
| County Proper Tologo AT LIMITE | Registration Dist. No. 23 |
| Village or City dawell | No. St., Ward |
| | (If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?yrsmosds. |
| has ' 1 | |
| 2. FULL NAME///arr on James Ma | |
| (a) Residence: No. 2/9 = 18 (Vaual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH 5 (Month) 2 7 (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY, Thet I ettended deceased from |
| 6. DATE OF BIRTH (month, day, and year) 7-06. 22 193 | I last saw have elive on 5/27, 193/; death is said |
| 7. AGE Years Months Deys If LESS than | to have occurred on the date stated above, at |
| 3 1 day, hr | The Fillians of Colons of Depter and I stated added of Importance |
| 9 Tenda profession or portionlar | Vere as rollows. Date of onsat 3/2 4.71 |
| S. Itade, profession, or particular, and the work done, as SPTNNER, SAWYER, BOOKKEEPER, etc | |
| 10. Date deceased lest worked et this occupation (month and spant in this occupation cocupation cocupation this occupation the spant in the | |
| as BIRTURI ACT (situateur) Latte of | Other Contributors, Causes of importance: |
| 12. BIRTHPLACE (city or town). A surel (State or country) | J. Carlate Court |
| 13. NAME Percy mack | |
| 13. NAME (recy mack) 14. BIRTHPLACE (city or town) | Name of operation |
| (State of country) | What test confirmed diagnosis? Was there an eutopsy?/a |
| 15. MAIDEN NAME Zilian Musky 16. BIRTHPLACE (city or town). (State or country) | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? |
| (State or country) | Where did injury occur? |
| 17, INFORMANT Mus Parcy mack (Address) 579-8 XX | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18 BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| 19. UNDERTAKER WS White Co. | 24. Wes disease or injury in any way related to occupation of deceesed? |
| 20. FILED May 8, 13/ M Brasheare Registras. | (Signed) (Address) March March M. I |
| | ar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--------------------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------|---------------|
| The principal cause of death and related causes of importance were as follows: 1110 4 1931 | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BINDIN

FOR

MARGIN RESERVED

| PLACE OF DEATH | 06054 |
|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| PLACE OF DEATH | STATE OF MARYLAND |
| County Mince Pleasage | CERTIFICATE OF DEATH |
| HITTURE SERVICE AND THE STREET | Registration Dist. No. 245 |
| Village or City Unattonla (No. | St.: Ward) (If death occurred |
| 2FULL NAME Marquente fellea | Mac Mach steed of street a number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH M. |
| SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORSED (Wille the word) | 16 DATE OF DEATH May 27, 1931 |
| 6 DATE OF BIRTH | (Month) (Day) (Year). 17 I HEREBY CERTIFY, That I pattended the deceased from |
| Dec 14, 1817 | |
| (Month) (Day) (Year) | |
| 7 AGE If LESS that I dayhr | |
| yrs. mos. ds. or min | |
| 8 OCCUPATION (a) Trade, profession or | Heinouhage |
| particular kind of work // / / | |
| (b) General nature of industry Dusiness, or establishment in | (Duration) yrs mos A |
| which employed or (employer) | Contributory My o conciler to there |
| (State or country) Melidewhere W. | Secondary // (Duration) yrs mos //2 |
| 10 NAME OF | (Signed) Luf Nac desty M. |
| FATHER EMELSON O. Christian | - 5/22 1931 (Address) 1629 Colember 1 |
| OF FATHER Z (State or country) | *State the Disease Causing Death, or, in deaths from |
| Colate or country | Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER Marquella prichar | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents) |
| OF MOTHER (State or Country) Schoon Lake Very | At place In the of death yrs mos ds. State yrs mos State |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of death? |
| Godon mac Neel | Former or usual residence |
| (Informant) | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| (Address) 44 Weel ave | 4 his colo mds. May 25 19.3 |
| Filed May 23 1921 Mas as sayers | T. Jasch Sons Badensburg |
| If more bianks are needed, address State Registr | rar. 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If rethred from Spinner, (b) Collon mill; (a) Salesman. should be used only when needed. As examples: (0) additional line is provided for the latter statement; it sary to know Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully em-Form laborer, Laborerwithout more precise specification as Doy (a) the kind of work and also (b) the -Cool minc, etc. Wom-6 Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (tle only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "('roup''); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

(secondar: or intercurrent) affection need not be stited unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, "PUERPERAL seplicacmia," "PUERPERAL perilonilis," elc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age, "Snock," "Uruemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; inges, perilonueum, etc., Carcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on carbolic acid-probably suicide. The n ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. (Recommendations on statement of cause of accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway troin "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; " "Marasmus, " "Old Age, " "Shock, Chronic valendar etc. The Nomenclature Always qualify all heart discase; contributory Poisoned by

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUBBAU

| Village or City and Willow No. St.: Ward) (If death occurred in a hospital or instituted and number.) PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS A COLOR OR RACE SINGLE, MARRIED, WILLOW WOON CED (Write the word) DATE OF BIRTH TAGE IF LESS than Iday have been and have death occurred on the date stated glove, at men and they death occurred on the date stated glove, at men and they death occurred on the date stated glove, at men and they death occurred on the date stated glove, at men and they death occurred on the date stated glove, at men and they death occurred on the date stated glove, at men and they death occurred on the date stated glove, at men and they death occurred on the date stated glove, at men and they death occurred on the date stated glove, at men and they death occurred on the date stated glove, at men and they death occurred on the date stated glove, at men and they death occurred on the date stated glove, at men and they death occurred on the date stated glove, at men and they death occurred on the date stated glove, at men and they death occurred on the date stated glove, at men and they death occurred on the date stated glove, at men and they death occurred on the date stated glove, at men and they death occurred on the date stated glove, at men and they death occurred on the date stated glove, at men and they death occurred on the date stated glove, at men and they death occurred on the date stated glove, at men and they death occurred on the date stated glove, at men and they death occurred on the date stated glove, at men and they death occurred on the date stated glove, at men and they death occurred on the date occurred o | PLACE OF DEATH County / County | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 23/ |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------------------------------------------------|
| SEX 4 COLOR OR RACE SARGE SARG | Man Mar 1 - Sal | a hospital or institu- tion, give its NAME in- stead of street and |
| MARRIED WIDOWED WIDOWED (Write the word) DATE OF BIRTH MARY (North) (Day) (Wear) (Month) (Day) (Year) THEREBY CERTIFY. That I alteaded the deceased from and that I last saw h Malive on 197. The CAUSE OF DEATH ** was as follows: "The CAUSE OF DEATH ** was as follows: | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| (Address) (Softh) (Day) (Year) (Softe) (Soft | MARRIED, MINON | 102 |
| I day hrs. I d | May 8, 1931 | 197 6 197 . co May 9, 197 1, |
| (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 2 OF FATHER (State or country) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) | l dayhrs. | The CAUSE OF DEATH * was as follows: |
| which employed or (employer) BIRTHPLACE (State or country) ON NAME OF FATHER (State or country) TI BIRTHPLACE OF FATHER (State or country) OF MOTHER (State or Country) TI BIRTHPLACE OF MOTHER (State or Country) OF MOTHER (State or Country) At place OF MOTHER (Not at place of dea h) Former or Usual res dence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MANUAL STATE ADDRESS ADDRESS ANDRESS ADDRESS ASSERTANCE ANDRESS ANDRESS | (a) Trade, profession or particular kind of work | Lang VI |
| 10 NAME OF FATHER AM HARVING (Signed). 11 BIRTHPLACE OF FATHER (State or country) AVAILABLE NAME (State or country) 12 MAIDEN NAME OF COUNTRY (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ASOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address) (Address) (Address) (Signed) *State the 1-is-aso Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LINGTH OF RESIDENCE (For Biospitals, Institutions, Transmients or Recent Residents) At place of death yrs. mos. ds. Where was disease contracted, it not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL REMOVAL DATE OF BURIAL PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PLACE OF BURIAL OR REMOVAL DATE OF BURIAL | which employed or (employer) | Contributory Coulded (1) |
| OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ASOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address) (Address) OF FATHER (State or country) *State the I is aso Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidel or Homicidal. 13 LENGTH OF RESIDENCE (For liospitals, Institutions, Trunsients or Recent Residents) At place of deathyrsmosds. Where was disease contracted, it not at place of death? (Address) (Address) DATE OF BURIAL Blackwashing m. Q | THERE AM HAMINE, | (Signed) J. J. M. D. |
| ients or Recent Residents) At place of death | D. 12 MAIDEN NAMES | Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| (Internant) (Internant) (Address) | 13 BIRTHPLACE OF MOTHER (ACTUAL 2014) | ients or Recent Residents) At place of deathyrsmosds. |
| (Address) All May 10 Bladens burg m 2 May 16 19 31 | 1) Sum Mariano | Former or usual readence |
| F1 1 (ho a. / //53 102/ ; 1) A A A A A A B A | | Bladensburg m & may 16 1981 |
| Filed may / 11 1931 M. Stucker T. Cheeles Less Blodenshing me If more b.anks are needed, address Ltato Negistrar, 15 W. Saratoga St., Balto., Requesting V. S. No. 1. | Ireal / Registras | + . Taseles Janes Bladershy m |

(Approved by U. S. Census and American Fublic Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more precise special minc, etc. Wom-laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken Spinner, (b) Colton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g. . Farmer or Planter, tion applies to e.ch and every person, irrespective c cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, For many especially in industrial employments, it is necesyrs). For persons who have no occupation (b) Automobile factory. The material occupations a single word or term on Locomolive engineer, Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrasinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchoppeumonia ("Pneumonia");

answered in detail, it will prevent further correspondence. All the duta is essential and must be obtained before the certificate is permanently filed.

carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL peritonilis, "E:haustion," "Heart failure," "Ifaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Vracmia," "Weakness," etc., when a definite disease." "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("E:haustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. American Medical Association.) approved as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Méasles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death 'elanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-Whooping cough; (name origin; "Cancer" is less definite; avoid If this certificate is looked over thoroughly and all qu stions "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY by Committee on Nomenclature of the or intercurrent) affection need not be ass important. Example: Measles (disease Chronic valvular heart disease; etc. The contributory

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 24

| Ward) | [If death occurred to a hospital or institution, |
|-------|-----------------------------------------------------|
| | give its NAME instead |

af street and number.

MEDICAL CERTIFICATE OF DEATH (Day) I HEREBY CERTIFY, That I attended deceased from State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS in the

If more blanks are needed, address State Registrar, 16/W. Saratoga St., Bulto, Hequestih CV. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health
Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, write None. Hausemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more precise specification as Day labarer, Farm laborer, Laborer mobile factory. employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cum, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobur incumonia, Bronchopmeumonia ("Pneumonia," inqualified, is indefinite); Tuberculosis of lungs, members of the control of the con

on statement of cause of death approved by Committee under the head of "Contributory." on Nonienclature of the American Medical Association.) and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as ACCIDENTAL surgical operation was undertaken. For violent deaths "Anaemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" Struck by railway train-accident; Revolver wound to determine definitely. Examples: Accidental drowning: SUICIDAL, or HOMICIDAL, or as probably such, if impossible "PUERPERAL perilonitis," etc. cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraenia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (discuss causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic natualis heart disease; Chronic interstitial "Tumor" for malynant neoplasms); Measles; Whoaping (name origin; "Cameer" is less definite; avoid use of ges, peritonaeum, etc. Carcinoma. Sarcoma, etc., of ... or miscarriage as "PUERPERAL seplichaemia," Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull The contributory (secondary or intercur-State cause for which Never report mere (Recommendations "Atrophy," ("Con-

If the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH EXACTLY; P Registration Dist. No. (If death occurred in Ward) a hospital or institu-tion, give its NAME in-stead of street and number.) properl PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SSINGLE 3 SEY 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. may be n back WIDOWER OR DIVORCED (Write the word (Month) (Day) I HEREBY CERTIFY. That I attended the deceased from S DATE OF BIRTH instructions (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at 7 80 supplied. In terms so See instru The CAUSE OF DEATH * was as follows: 8 OCCUPATION (a) Trade, profession or particular kind of work piai (b) General nature of industry business, or establishment in (Duration) via mes L which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) ID NAME OF LL. 0 (Address) 11 BIRTHPLACE OF FATHER *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether OZ RENT CAU (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER state CCU2/ ients or Recent Residents) CCU 13 BIRTHPLACE la the At place OF MOTHER of deathyrsds. (State or Country) 0 Where was disease contracted, if not at place of dea.h?..... shoule Every item CIANS sho statement usual residence... (Informant) DATE OF BURIAL If more blanks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation laborer, should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DE gaged in domestic service for wages, as Servant, Cook, Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farme Housenuid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, ," etc., report specifically the occupations of persons enespecially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the 6 Grocery, "HIT

Statement of Cause of Death—Name, first, the DEERALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Mcasles; carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by can be ascertained as the cause. Always qualify al tions, such as "Asthenia," "Anaemia" (merely symptomunqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was under-Whooping Never report mere symptoms or terminal condi cough; Chronic valvular heart disease; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the platty is essential and must be obtained before the certificate is permanently filed.

BINDING

FOR

RESERVED

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMAN K S -THIS Ż UNFADING HL

S. No. 1
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WRITE PLAINLY, TH UNFADII

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| | PLACE OF DEATH | STATE OF | MARYLAND |
|------|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| | County True geome | CERTIFICATI | E OF DEATH |
| | | Registration | Dist. No. 235 |
| Vil | lage or City Relative Mony | St.: Ward | tion, give its NAME in- |
| | 2 FULL NAME Rosy Lee Tun | lel | stead of street and number.) |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE | OF DEATH |
| 3 9 | SEX 4 COLOR OR RACE 5 SINGLE, | 16 DATE OF DEATH | |
| 7 | enale Colored (Write the word) | (Month) | (Day) (Year) |
| 6 [| DATE OF BIRTH | 17 I HEREBY CERTIFY, That I pt | tended the deceased from |
| | Feb 4 1931 | 192 to | , 192 |
| | (Month) (Day) (Year) | that I last saw h & alive on | , 192, |
| 7 4 | GE [IfLESS than | and that death occurred on the date state | d above, at 3 20 1 m. |
| | day hrs. | The CAUSE OF DEATH * was as follows: | |
| | 2 yrs. 2 mos. 25 ds. or min.? | noturel assess | |
| 8 0 | a) Trade, profession or | Conversion | Rung |
| P | articular kind of work | | |
| | b) General nature of industry usiness, or establishment in | /5 | V |
| | which employed or (employer) | (Durstion) | yrsde. |
| 9 E | BIRTHPLACE | Contributory () Classical Contributory | |
| | (State or country) | Oldone was tally granion | with you |
| | 10 NAME OF | (Signed) ames 5. | (Down M. D. |
| | FATHER Under Frudle | march was all Do | estirite me |
| က် | 11 BIRTHPLACE | The & Harthall | Colo Costa 9 dm |
| FN | (State or country) Ory Company | Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal. | njury and (2) Whether |
| PARE | 12 MAIDEN NAME OF MOTHER Mangaret Bras | 18 LENGTH OF RESIDENCE (For Hospients or Recent Residents) | itals, Institutions, Trans- |
| | 13 BIRTHPLACE OF MOTHER (State or Country) | At place in th | e ateyrsmosds. |
| - | THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of death? | ************************************** |
| 14 | THE ABOVE IS TRUE TO THE BEST OF MILE MINOR AND DE | Former or | |
| | (Informant) lulle Kull | usual residence | DATE OF BURIAL |
| | (Address) Ritelia and | Olma Home | 5-/3 , 1981 |
| 15 | Filed 5 /3 1913/ Lhro D Grafith | 20 UNDERTAKER | ADDRESS |
| | Filed 3 1913/2004 5 Registrar | Ritche Bros. | Outthe mil |
| - | | and a second of the second of | S N = 1 |

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If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. Spinner, (b) Cotton mill; (a) Salesmon. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter. tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Civil engineer, Stationary fireman, etc. But in many business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cond to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the whatever, write None. Housemaid, etc. If the occupation has been changed For many occupations a especially in industrial employments, it is necesyrs). Farm laborer, Laborer -- Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material single word or term on (b) The ques-Grocery,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

carbolic ocid-probably suicide. The nature of the injury, (Recommendations on statement of cause of letanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonacum, etc., Carcinoma, Sorcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature ".PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anacmia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by (secondary or intercurrent) Chronic interstitial nephritis, Whooping American Medical Association.) or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Examples: Accidental drowning; Struck by roilwoy train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic affection need etc. The contributory valvular Always qualify all heart

If this certificate is looked over thoroughly and all questions reanswered in detail, it will prevent further correspondence. All the data is exsential and must be obtained before the certificate is permanently filed.

| | 16062 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| PLACE OF DEATH | STATE OF MARYLAND |
| County Junce Terral | 98-C CERTIFICATE OF DEATH |
| WITHIN GORPONALE LIMITS OF | Registration Dist. No. 245 |
| Village or City Hatterly (No. Pug | Maple St.: Ward) (If d-ath occurred in a hospital or institution, give its NAME it stead of street end number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Male white Senses MARRIED. Male white Senses Married. With the word Musics | 16 DATE OF DEATH May 23, 1993/ May 23 (South) 1930(y) (Year) |
| 6 DATE OF BIRTH May // , 18 50 (Month) (Day) (Year) | 17 I HREBY CERTIFY, That I attended the decessed from 1929. to May 23, 193/ that I last saw hamalive on May 23, 1923 |
| 7 AGE If LESS than I day hrs. ds. or min.? | |
| (a) Trade, profession or particular kind of work at Home | |
| (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE | Contributory arterior schlerore Secondary (Signed) (May 23 193 (Address) 224 D ME |
| OF FATHER (State or country) 12 MAIDEN NAME 2 OF FATHER (State or country) | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| OF MOTHER Mary Oliver 13 BIRTHPLACE OF MOTHER (State or Country) Wales | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted. |
| (Informant) John Cough | Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| (Address) 2737 Devotation 195 | Washington NC May 25, 19.3 20 UNDERTAKER J. Gasalio Sano Para Ma |
| | r, 16 W. Seratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, additional line is provided for the latter statement; it or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Civil engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Foreman, first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material Compositor, Architect, who are engaged in the duties of the Stationary fireman, etc. Locomolive engineer, But in

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. "Inanition," "Weakness," etc., when a definite disease "Uraemia," "Weakness," etc., when a definite disease stated unless important. American Medical Association.) Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (secondary or intercurrent) affection need not be inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Whooping (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY Never report mere symptoms or terminal condiinterstitial resulting from childbirth or miscarriage as eough; Committee on nephritis, Chronic Example: Measles (disease etc. valvular heart disease; Nomenclature Always qualify all The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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| | CORD | ed. ACE should be stated EXACTLY, PHYSI-s so that it may be properly classified. Exact |
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| FOR | IS A | So that |
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| | PLACE OF DEATH | STATE OF MARYLAND | | |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| | County Sunce George | CERTIFICATE OF DEATH | | |
| | | Registration Dist. No. 235 | | |
| ficate. | Village or City Hefer Marlboro (No 141, Ter 2FULL NAME Lilly Burch | | | |
| certi | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | | |
| ack of | Tem white Single, MARRIED, WIDOWED. OR DIVORCED Widowed. (Write the word) | 16 DATE OF DEATH May 13, 1927/ | | |
| lons on t | 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from Hovenber 199 to Many 13 , 1903 /, that I last saw h exalive on Many 11 , 1983 /, | | |
| Instructi | 7 AGE State | and that death occurred on the date stated above, at | | |
| tant. See | (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Tetired | (Duration) 2 yrs. mos. ds. | | |
| Impor | 9 BIRTHPLACE (State or country) Prince George Co, Aud. | Contributory Schonia and Joseph Secondary Myserselettes (Duration) 918 3 mos 4 ds. | | |
| N is very | 10 NAME OF FATHER (State or country) 10 NAME OF FATHER (State or country) | (Signed) Paul Communication M. D. May 190 (Address) Holly Marther R. M. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether | | |
| PATIC | 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER | Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) | | |
| 1000 | 13 BIRTHPLACE OF MOTHER (State or Country) New York | At place of death yrs mos ds. Where was disease contracted, if not at place of death? | | |
| ent of | (Informant) The West fred armstrang | Former or usual residence. | | |
| tatem | (Address) Upper Warlboro 741 | Mashing for D.S. Date of Burial 5-15, 1931 | | |
| 60 | Filed 5/13 1931 Thos D I ffeet | Pitchis Bros. Pitchis Mit | | |

OCCC?

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material tired 6 state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) whatever, write None. business; that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servent, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully cmer," etc., additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement.
Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, report specifically the occupations of persons en-For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day Stationary fireman, etc. But in many Locomolive engineer,

Statement of Cause of Death—Name, first, the DISEASE COUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved as fracture of skull, and consequences (e. g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify ali causing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-(secondary Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., ot interstitial nephritis, (name origin; "Cancer" is less definite; avoid by Committee on or intercurrent) Chronic valvular heart disease; etc. The contributory affection need not be Nomenclature of the

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

| PLACE OF DEATH | STATE OF MARYLAND |
|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| County Pruce Lenge | CERTIFICATE OF DEATH |
| County Manuel Harry | Registration Dist. No. 2145 |
| Village or City Hystenlle (No. Same | I Heart Ifmular: Ward) (If death occurred in a hospitel or institution, give its NAME instead of street end number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Mugle 6 PATE OF BIRTH | 16 DATE OF DEATH May (Monsh) (Day) (Year) 17 LHEREBY CERTIFY, That Lattended the deceased from LAT 26 1923 to May 7 1937. |
| (Worth) (Day) (Year) | that I last sow h le loive on May 7 , 192 31 |
| 7 AGE [If LESS than | and that death occured on the date stated above, at |
| 69 yrs. 11 mos. 13 ds. or min.? | The CAUSE OF DEATH * was as follows: Deabeter |
| a OCCUPATION (a) Trade, profession or particular kind of work | gangrem right leg |
| (b) General nature of industry | |
| business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) | Contributory Cardes vasuelar renal Secondary Contributory Cardes vasuelar renal Contributory Cardes |
| 10 NAME OF Patrick Reilly | (Signed) Music Mallingly M. D. May 8 1921 (Address) 2200 A Dave W. |
| OF FATHER Z (State or country) | Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. |
| of Mother Many Flynn | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | At place of death |
| (informant) Mr Lewelt 7 Rules | Former or usuel residence |
| (Address) 1401-a S.C. Dlo- | Hashington Lec May 11, 1931. |
| 15 Filed May 8" 1931 Mrs Jas Devere | 20 UNDERTAKER ADDRESS Mashelf |
| If more branks are needed, address State Registrat | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material whatever, write None. or given up on account of the DISEASE CAUSING DEATH laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (re Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive) a worked on may form part of the second statement. Never return 'Laborer,'" Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g. Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as For persons who have no occupation Ruga

5

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); 1.0500 pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e. g., sepsis, telanus) may be stated under the head of "contributory" carbolic acid-probably suncide. The nature of the injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," (Recommendations on statement of cause of death actident; Revolver wound of head-homicide; Poisoned by taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage "PUERPERAL septicaemia," "PUERPERAL peritonitis," can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Meusles; inges, peritonaeum, etc., on as probably such, if impossible to determine definitely causing (secondary or intercurrent) affection need not be Chronic interstitial nephritis, approved by Committee on Nomenclature of the Examples: Accidental drowning; Struck by railway train-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, death), 29 ds.; Bronchopncumonia (secondary), Chronic Carcinoma, Sarcoma,, etc., ef valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 0606. |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH | 108) |
| County frame Georges | Registration Dist. No. 2,45 |
| Village or City Riversale, md | No. 26 Leucola Coenue St, Ward |
| | f death occurred in a holpital or institution, give its NAME instead of street and number) . / P ds. How long In U.S. if of foreign birth? |
| - PT 1' 10 - D' | 0. |
| 2. FULL NAME Polit Polerfield / Cie | hardson, fr. |
| (a) Residence: No. 46 Lencola (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH |
| Mule white OR DIVORCED (write the word) | May 10 - 193 (|
| 5a. If marriad, widowed, or divorcad HUSBAND of | (Md m) (Day) (Yaar) |
| (or) WIFE of | 22. I HEREBY CERTIFY, That I attended daceased from |
| A (100) (100 A 0 | may 8 ,1981 to may ,1981 |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than | to have occurred on the data stated abova, at 1228 cm. |
| 9 1020 Jan 1 1 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance |
| 8. Trade, profession, or particular | ware as follows: Date of onset |
| kind of work dona, as SPINNER, Musav SAWYER, BOOKKEEPER, etc. | Joban maumena may 8 |
| 9. Industry or business in which | |
| SAW MILL, BANK, atc. | |
| 10. Data deceased last worked at this occupation (month and spant in this | |
| year) occupation | Other Contributory Causes of Importance: |
| 12. BIRTHPLACE (city or town) Washington AC | none |
| (State or country) | |
| 13. NAME Robert P. Richardson 14. BIRTHPLACE (city or town) Richards, Va | |
| (Stata or country) | Name of operation |
| | What tast confirmed diagnosis? |
| I Taring V. | 23. If death was dua to external causes (VIOLENCE) fill in also the following: |
| State or country) | Accidant, suicide, or homicide? Data of Injury, 19 |
| 01400-1 | Where did Injury occur? (Specify city or town, county and State) |
| (Address) | Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. |
| 18. BURTAL CREMATION, OR REMOVAL | Manner of injury |
| Place Leder Will M D. Date May 12-1931 | Nature of injury |
| 19. UNDERTAKER Lasely Elme | 24. Was disease or Injury in any way related to occupation of deceased? |
| (Address) Alvatraville Mix | If so, specify |
| 20 FILED May 11: 1931 Mm Jas Devere | (Signed) Surely, hallman M. D. |
| 20. FILED TROUBLE Registrar. | (Address) All attanillelled |
| If more blanks are needed, address Stare Registrar, | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I The principal cause of death and related causes of importance were as follows: Date of onset | | Example II | | |
|----------------------------------------------------------------------------------------------------------|--------------------|---------------|--------------------------------------------------------------------------------|---------------|
| | | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | THE REAL PROPERTY. | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | 1 paragra | July 5,1927 | Perilonitis | 3 days ago |
| | | 1 | | |
| Other contributory causes | of importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |
| | | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND CERTIFICATE OF DEATH

| - | |
|------|----------|
| 100 | The fact |
| 101: | E40E } |

Registration Dist. No.

St.;....Ward)

| [It death occurred |
|---------------------------|
| a hospital or institution |
| give its NAME instea |

6 SINGLE,

MARRIED, WIDOWED, (Write the word)

(Day

(Year)

If LESS than 1 dayhrs. OR 7

PERSONAL AND STATISTICAL PARTICULARS

(Month)

4 COLOR OR RACE

DATE OF BIRTH

BOCCUPATION

(a) Trade, profession, or

particular kind of work. (b) General nature of industry, business, or establishment in

9 BIRTHPLACE (State or country)

10 NAME OF FATHER 11 BIRTHPLACE

12 MAIDEN NAM

13 BIRTHPLACE

(Address)

(Informant)

which employed (or employer)

OF FATHER (State or equntry)

OF MOTHER (State or country)

TAGE

| dgeway | give Its NAME Instead of street and number.] |
|---------------------------------------------------------|--------------------------------------------------------------------|
| MEDICAL CERTIF | FICATE OF DEATH |
| 16 DATE OF DEATH | 4 6 13/ |
| | owth) (Day (Year) |
| Chr HEREST CERT | may 6 |
| that I last saw her allve on | may (7 31 |
| and that death occurred on the d | ate stated above at 8 7 m |
| The CAUSE OF DEATH* was as | follows; |
| Palvyslae | denon |
| Thrank | |
| 7 | uration)yrsmosds. |
| Contributory Bea | rohise |
| Secondary | wration)yrsds |
| (Signed) | Marion) |
| (Mister) (Address) | 776205 |
| State the DISEASE CAUSING CAUSES, state (1) MEANS OF | DEATH, or, in deaths from YOUANT NJURY; and (2) whether Acciden |
| TAL, SUICIDAL, or HOMICIDAL. | |

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the State yrs, ____ ds ot death yrs. mos. ds. Where was disease contracted. If not at place of death? Former or usual residence

| PLACE OF | BURIAL OF | REMOV | AL |
|----------|-----------|-------|----|
| St Bar | mabas | v. W | rd |
| | | | |

DATE OF BURIA

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Reduesting V. S.

15

PARENT

See Instructions

OF

Every Item CAUSE OF Important.

WRITE

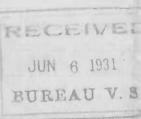
[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a dcfinite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of ago ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: But in many "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronehopneumonia ("Pneumonia." unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head "Contributory." (Recommendations on statement injury, as fracture of skull, and consequences (c. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Contheuia." "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measics (discuse causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," The nature of the "Exhaustion," Never report

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| PLACE OF DEATH! County Mince Slorges - | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 239 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Village or City The Laurel Nontarium, 2FULL NAME Divid N. Russ | Acquel Mist. Ward) (If death occurred I a hospital or institution, give its NAME is stead of street an number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| male White SHACE SHACE, MARRIED, Milowed, OR DIVORGED (Write the word) | 16 DATE OF DEATH May 121t, 1931 (Month) (Day) (Year) |
| G DATE OF BIRTH Och (Month) (Day) (Year) | 17 I HEREBY CERTIFY, That I attended the deceased from July 18 1927. to May 12 - , 192/ that I last saw h im alive on May 12 - , 192/ |
| 7 AGE If LESS than I day hrs. or min.? | and that death occurred on the date stated above, at 62. m The CAUSE OF DEATH * was as follows: |
| (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Allaware | Contributory Secondary Contributory Contrib |
| 10 NAME OF FATHER John Rust - 11 BIRTHPLACE OF FATHER (State or country) Delawares | (Signed) M. I. May /2 195/ (Address) Laurel Ma *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal. |
| 12 MAIDEN NAME OF MOTHER Elizabeth Ellen Rose. 13 BIRTHPLACE OF MOTHER (State or Country) Md - | 18 LENGTH OF RESIDENCE (For Hospitais, Institutions, Tran ients or Recent Residents) At place of death of the state of death of |
| (Informant) Thos. & Rust (son) (Address) Hill Blog - Wash D. | Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL |
| Filed May 17 193/ M. Blasheau Registrar If more branks are needed, address State Registrar | 20 UNDERTAKEN ADDRESS ADDRES |

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Duy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cool. Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer 12 or given up on account of the DISEASE CAUSING HEATH. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, worked on may form part of the second statement. Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on For persons who have no occupation (b) Automobile factory. The material 6 The ques-Grocery;

Statement of Cause of Death—Name, first, the fig-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever: (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

> (Recommendations on statement of cause of approved by Committee on tanus) may be stated under the head of "contributory." "(Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," stated unless important. inges, perilonaeum, etc., Carcinoma, Sareoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as "Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, Chronic valvular heart disease, Example: Measles (disease etc. The Nomenclature of the contributory not be

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JUN 4

| (III | raot. | PLACE OF DEATH & | STATE OF MARYLAND |
|------|-----------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| IMI | A. | County June Ronges | CERTIFICATE OF DEATH |
| | ,≺, led | A - 1 | Registration Dist. No. |
| Hao. | EXACTL I EXACTL rly classif | Village or City Kreulwood (No. 2FULL NAME Cuellson Jalz | 3 500 Nokiau St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.) |
| - | tatec | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| DING | ld be st ay be pr | Male White Single, MARRIED. OR DIVORCED (Write the word) | 16 DATE OF DEATH May 2, 1931 May (Month) 2 (Day), 1931 (Year) |
| Z | mon d uo | 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from |
| S BI | E strat it | (Month) (Day) (Year) | that I last saw halive on |
| 10 | AG th sortion | 7 AGE [If LESS than | and that death occurred on the date stated above, atni, |
| DIA | iled. ms s | 64 yrs. 4 mos. 15 ds. or min.? | The CAUSE OF DEATH * was as follows: Grushal |
| RVE | supplic n term See ins | OCCUPATION (a) Trade, profession or | wound in the head |
| SE | plair | particular kind of work (b) General nature of industry | - A |
| R S | a in the | business, or establishment in which employed or (employer) | (Derejoy) vie mos de. |
| GIN | be ca EATH impo | 9 BIRTHPLACE (State or country Truing Feor ges Co Med | Contributory Secondary Lucy |
| MAR | uld I | 10 NAME OF John Salrman | (Signed) |
| H | ode si | O 11 BIRTHPLACE | 1924 (Address) |
| | AUS | OF FATHER (State or country) 12 MAIDEN NAME | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| > | rma te C | of MOTHER Unknown | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| | state ocup/ | 13 BIRTHPLACE OF MOTHER TO THE | At place In the of death yrs mos ds, State yrs mos ds, |
| Ы | of o | (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of death? |
| F | shor ent o | (Informant) Tues WM. Hals wan | Former or usual residence |
| WR | NS We | (Address) 3500 Holian St | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| | BEver | Filed Mice 3 1934 Hour halle M.D. Registrar | 20 UNDERTAKER ADDRESS 2008 Ca are he |
| | ż | If more blanks are needed, address State Registrar | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1 Wash |
| | - 17 | 1 7 11 :- 1 | • • |

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Screant, Cook, work, definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the worked on may form part of the second statement. Spinner, Civil engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-," etc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, (b) Cotton mill; (a) Salesman, without more precise specification as (b) For persons who have no occupation Stationary firemon, etc. But in many Automobile factory. The material Laborer-Coal mine, etc. Wom-(6) The ques-Grocery,

Statement of Cause of Death—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: (*crebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "(Troup"); Typhoid fever* (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Whooping use of "Tumor" for malignant neoplasms); Meastes; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic Example: Measles (disease affection need etc. valvular The contributory Always qualify all heart not be disease;

All this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

5

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer free or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servent, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Physician, Housemuid, etc. If the occupation has been changed etc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coul mine, etc. Wom-(b) Cotton mill; (a) without more precise specification as Day Compositor, Architect, (b) Automobile factory. The material For persons who have no occupation Solesmon, Locomolive engineer, (b) Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup") ed term for the same disease. Enamples: Carebrosping to time and causation), using always the same accept EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Dist pneumonia, Bronchopneumonia ("Pneumonia."

> American Medical Association.) "(Exhaustion," "Heart IMILIE,
> "(Inanition," "Marasmus," "Old Age," "Shock,"
> "(Uraemia," "Weakness," etc., when a definite disease stated unless important. inges, perilonacum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid icianus) may be stated under the head of "contributory" State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitiol nephritis, use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, (secondary or intercurrent) affection need not be Whooping cough; as fracture of skull, and consequences (e.g., sepsis, (Recommendations on statement of cause of "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as for malignant neoplasms); Measles; Chronic valvular heart disease; Example: Measles (disease etc. The contributory

permanently filed. this certificate is looked over thoroughly and all questions and rered in defail, it will prevent further correspondence. A I the data is essent.al and must be obtained before the cartificate is Althe

11

| PLACE OF DEATH | STATE OF MARYLAND |
|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| County Vinne George | CERTIFICATE OF DEATH |
| WITHIN CORPORATE LIMITS OF | (31) |
| Will a Co. Malathair Plan | Registration Dist. No. 243 |
| Village or City Myssill (No | Ward) (If d'ath occurred in a hospit I or institu |
| W + (1) 0 1 2 0 | stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, | 16 DATE OF DEATH 744 / 5 |
| WIDOWED. Widowes | May 5 , 19231 |
| (Write the word) | May (Month) 5 (Day) 19 3 (Year) |
| 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from |
| CET 4 1872 | June 1929. to May 4 , 193/ |
| (Month) (Day) (Year) | that Vast saw he alive on May of , 1923/ |
| 7 AGE [If LESS than | and that death occurred on the date stated above, at 2 a m |
| 1 day hrs. | The CAUSE OF DEATH * was as follows: |
| yrsmosds. ormin.? | Connary embolism - augura perlous |
| (a) Trade, profession or | |
| particular kind of work | |
| (b) General nature of industry business, or establishment in | • |
| which employed or (employer) Measury Defet | (Duration) yrs mos ds. |
| 9 BIRTHPLACE | Secondary Secondary |
| (State or country) Trust Columbia | AD (Durstion) L yes mos ds |
| 10 NAME OF | other a Poly attent |
| FATHER Daniel Ft. Malone | (Signed) // M. D. A. 2.266 B. 9. 76.9 |
| 0 11 BIRTHPLACE OF FATHER | May 5 192 8/ (Address) 22 60 8 9 108 |
| Z (State or country) | State the Disease Causing Death, or, In deaths from Visient Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| W 12 MAIDEN NAME | |
| of Mother Marion le Crowl | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER | At place in the |
| (State or Country) Ireland | of death yrs mos, ds, State yrs, mos ds |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of death? |
| es suite | Former or usual residence |
| (Informant) Thas, Mr. Shugous | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| (Address) Hy attsville, md | Warlington DC May 7- 10 31 |
| 15 _ Ma [" (21 h)] | 20 UNDERTAKER ADDRESS |
| Filed May 6 1921 11VIS Cas Street | Oto Synalis Han allettiville |
| If more banks are needed, addre.s Ctate Registral | 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |
| | |

ACOUTH

(Approved by U. S. Census and American Public Health Association.)

laborer, state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engincer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-," etc., without more precise specification as Day Foreman, O. For many occupations a single word or term on Farm laborer, (b) Cotton mill; (a) Salesman, At Home, and children, Compositor, Architect, For persons (6) Stationary fireman, etc. But in many Automobile factory. The Laborer-Coal minc, etc. Womwho have no occupation Locomotive not gainfully em-(b) material engineer, Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stilled unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "(Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, inges, peritonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-Whooping Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic Carcinoma, Sarcoma, etc., of etc. valvular heart Nomenclature The contributory Always qualify all disease;

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| 2 5 | 1 PLACE OF DEATH | STATE OF MARYLAND |
|-------------------------------------|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| sta ver | County Trince George | CERTIFICATE OF DEATH |
| hould I NO | | 93-6 Registration Dist. No 234 |
| AD IANS SUPATION | Village or City Drosod Creeks | St.;Ward) [If death occurred in a hospital or institution, give its NAME instead |
| HYSIC of occ | FULL NAME Mary Sm | of street and number.] |
| r. Pl | PERSONAL AND STATISTICAL PART CULARS | MEDICAL CERTIFICATE OF DEATH |
| NANENT EXACTLY. | 3 SEX 4 COLOR OR RACE 5 SINCE. MARRIED, WIDOWED, WIDOWED, WIDOWED, WIDOWED | (Month) (Day (Year) |
| PERMA | 8 DATE OF BIRTH | 17 HEREBY GERTIFY That I attended deceased from |
| A be st | (Month) (Day (Fear) | that I last saw of allve on way 1 37 |
| S IS | 7 AGE If LESS than 1 day,hrs. | and that death occurred on the date stated above, at 5 04 n |
| THIS E sh | yrs mos ds. OR min. ? | Veyse archis-Cheans |
| AGE & | (a) Trade, profession, or Housework | |
| Supplied. | (b) General nature of industry, business, or establishment in which employed (or employer) | (Duration) Z yrs. mos. d |
| AE II | 9 BIRTHPLACE (State or country) | Contributory Secondary (Daration) yrs mos d |
| H UNF | 10 NAME OF John Bertley | (Signed) Studies Lowers M. |
| terms, on back | 11 BIRTHPLACE OF FATHER X W 12 MAIDEN NAM Mary Geatley OF MOTHER OF MOTHER | *State the DISEASE CAUSING DEATH, or, in Jeaths from VIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL, |
| 602 (m | of Mother Mary Geatly | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) |
| PLA format fH in | 13 BIRTHPLACE OF MOTHER (State or country) | of death yrs mos ds. State yrs, mos d |
| of in DE | (Interment) Aumilia Samuel | Where was disease contracted, If not at place of death? Former or |
| Every Item CAUSE OF Mportant. | (Address) Brown creek, Mul | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| B.—Ever CAU | Filed May 6-, 19P1 1) Lena Hutt | 20 UNDERTAKER ADDRESS WAR SHIP |
| Z | If more blanks are needed, address State Regis | strar, 6 E. Franklin St., Bulto., Requesting V. S. No. 1. |

[Approved by U. S. Census and American Public Health Association.]

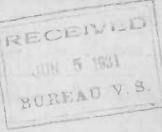
ness of various pursuits can be known. The question tion is very important, so that the relative healthfuleated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be eutered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Furmer or Planter, For many occupations a single word or term on the applies to each aud every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the disease (a) Spinner, Statement of occupation-Precise statement of ocenpa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

43,10

valvular heart disease; Chronic interstitial nephritis, naut neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tnmor" for maligoma, Sarcoma, etc., of...... (name origin; "Caneause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequeuees (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine defluitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitie," etc. State canse for childbirth or misearriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanitiou," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Fxhanstion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) "Contributory." deut; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably The econtributory Always qualify all diseases resulting from Measles (disease eausing may be stated under the head (Recommendations on statement of (seeondary or interchrrent) death), 29 ds., Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



| STATE OF MARYLAND- | -CERTIFICATE OF DEATH 06072 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH County Long County Long County County | 82-0 Decident District 2 3 8 |
| Village or City | Registration Dist. No. St., Ward |
| | (If death occurred in a horpital or institution, give its NAME instead of street and number) os. ds. How long in U.S. If of foreign birth? |
| | SUPPETT Ward. |
| (a) Residence: Np. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH |
| PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) | 21. DATE OF DEATH 93 |
| Termale Marie Maried | (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thos. W. Jubbett | 22. I HEREBY CERTIFY. That I attended deceased from 29 1931, to (only) 19 |
| 6. DATE OF BIRTH (month, day, and year) 9-6-33 1870 7. AGE Years Months Days If LESS than | I last sew harman allve on MAM 29 , 1931; death is said to have occurred on the dete stated above, at 3,30Am. |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hr ormin. | |
| - 70 | Cerebral hemorrhase may 22, |
| 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc | |
| HIND OF WORK done, as STINNER. SAWYER, BDOKKEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end year) 11. Total time (years) spent in this year) | 17 hour durales |
| 4 4 | Dther Centributery Causes of importance: |
| 12. BIRTHPLACE (city or town) (State or country) 13. NAME folia Stanton | |
| H A I I I I BIRTHPLACE (city or town) Puscalaway (State or country) Presence Co Ind. | Name of operation Page Date of |
| | What test confirmed diagnosis? |
| | Accident, suicide, or homicide? |
| | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 17. INFORMANT (Address) 18. BURIAL, CREMITION, OR REMOVAL Place During On A Mul Date 5 25 193 | / Manner of injury |
| Taring No. No. 19 19 19 19 19 19 19 19 19 19 19 19 19 | 24. Was disease or Injury In any way releted to occupation of deceased? |
| 19. UNDERTAKER White The (Address) | If so, specify |
| 20. FILED 25. 1921 Very II Verlag At Registrar. | (Signed) M. D. (Address) M. D. |
| If more blanks are needed, address State Registre | 17, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done, 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I The principal cause of death and related causes Date of onset of importance were as follows: | | | Example II | | |
|---------------------------------------------------------------------------------------------------------|----------------|--------------|--------------------------------------------------------------------------------|---------------|--|
| | | | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | JIN 8 1931 | 1915 | Allock of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | | 1921 | Run over by street car | 1 week ogo | |
| Cerebrol hemorrhage | BUREAU V. | July 5, 1927 | Perilonilis | 3 days ago | |
| | | | | | |
| Other contributory causes | of importance: | | Other contributory causes of importance; | | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | | |
| | | | | | |

| ADDITIONAL SPA | CE FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|----------------|--------|---------|------------|----|-----------|
|----------------|--------|---------|------------|----|-----------|

| 1 | | PHYSI- d. Exact |
|-------------------|----------------------------|-----------------------------------------------|
| | CORD | supplied. ACE should be stated EXACTEY PHYSI- |
| NG | IKTHIS IS A PERMA. NT CORD | be stated be proper |
| ERVED FOR BINDING | A PERMA | E should at It may |
| FOR | SIS A | d. AC |
| ERVED | IKTHIS | supplied in terms |

| 1 PLACE OF DEATH County Prince George | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 24 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Village or City Cottage City (No. 2FULL NAME Cuther R. Joms | St.: Ward) St.: Ward) A hospital or instion, give its NAMI stead of street number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| male White Single, WIDOWED, WIDOWED, OR DIVORCED (Write the word) | 16 DATE OF DETAIL BY 30, 193/ |
| 6 DATE OF BIRTH (Month) (Day) (Year) | 17 I HEREBY CERTIFY, That I attended the deceased of March 15.1931 to Way 30 , 195 that I last saw h Malive on Way 30, 192 |
| 7 AGE 60 yrs. 10 mos. 26 ds. or min. | . The CAUSE OF DEATH * was as follows: |
| (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) | (Durstion) Jyremos |
| 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF CALL CONTROLL 12 MAIDEN NAME OF COUNTRY 13 MAIDEN NAME OF COUNTRY 14 MAIDEN NAME OF COUNTRY 15 MAIDEN NAME OF COUNTRY 16 MAIDEN NAME OF COUNTRY 17 MAIDEN NAME OF COUNTRY 18 MAIDEN NAME OF COUNTRY 19 MAIDEN NAME OF COUNTRY 10 NAME OF COUNTRY 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF COUNTRY 13 MAIDEN NAME OF COUNTRY 14 MAIDEN NAME OF COUNTRY 15 MAIDEN NAME OF COUNTRY 16 MAIDEN NAME OF COUNTRY 17 MAIDEN NAME OF COUNTRY 18 MAIDEN NAME OF COUNTRY 19 MAIDEN NAME OF COUNTRY 10 NAME OF COUNTRY 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF COUNTRY 13 MAIDEN NAME OF COUNTRY 14 MAIDEN NAME OF COUNTRY 15 MAIDEN NAME OF COUNTRY 16 MAIDEN NAME OF COUNTRY 17 MAIDEN NAME OF COUNTRY 18 | Contributory Secondary (Duration) (Sign(d) (Sign(d) (Sign(d) (Address) (Address) (Sign(d) (Address) (Address |
| OF MOTHER Horeuse Makel Melville 13 BIRTHPLACE OF MOTHER (State or country) Eng and | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trients or Recent Residents) At place of death yrs. mos. ds. State yrs. mos. mos. ds. |
| (Address) /L. Dicalor ST | if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL DATE OF BURIAL ADDRESS ADDRESS |
| 15 Filed may 30 131 hyro Jas. severe | -D M 1 211 1 4 |

(Approved by U. S. Census and American Public Health Association.)

laborer, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At sehool, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, tion applies to each and every person, irrespective of Foreman, or Al Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer—Coal mine, etc. Wom-Compositor, For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many Architect, Salesman, Locomotive engineer, (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"Uraemia," "Weakness," etc., whon a definite disease telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis, atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stited unless importan' Example: Measles (disease American Medical Association.) approved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. chopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles, (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sarcoma, etc., o: Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic etc. valvular heart Nonienclature The contributory disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

| 211 | | 06071 |
|-------------------------------------------|------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 200 | PLACE OF DEATH | STATE OF MARYLAND |
| 十二二 | 1 21 | CERTIFICATE OF DEATH |
| 4 . | County (Much Lengt | 121 |
| ¥ iec | 1 | Registration Dist. No. 23 |
| O Fig. | Village or City Lyallyelle (No. | ered kart hulst: Ward a happit if or institute |
| OR CAC class | 1 | ward) a hospit if or institu- tion, give its NAME in- stead of street and |
| EX EX | 2FULL NAME Mary Velez | number.) |
| ed ed | DEDGONAL AND STATISTICAL PARTICULAS | |
| Trop | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 17 000 | 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. Widowed | 16 DATE OF DEATH May 2/ 103/ |
| NA PAN | white WIDOWED Widned OR DIVORCED (Write the word) | 102 |
| MIC UIC | 6 DATE OF BIRTH | (Month) (Day) (Year) |
| Strong H | A A PUL | M. C. 1030 . A May 2/ 13/ |
| ns at it | June & will nowy 10 70 | 1 / / / / / / / / / / / / / / / / / / / |
| A A A A A C A A C A C A C A C A C A C A | (Month) (Day) (Year) | that I fast saw h Walive on 152. |
| F. IS | 7 AGE If LESS than I day hrs. | |
| HIS HIS Hec | 9/ yrs. // mos. ds. or min.? | Deute cardiac dela tation |
| VE-TH-TH pp | 8 OCCUPATION | A Section of the sect |
| KKsu | (a) Trade, profession or particular kind of work | |
| SE IN IN | (b) General nature of industry | *************************************** |
| RES G Sfull p tant | business, or establishment in which employed or (employer) | (Duration)yre |
| N N N N N N N N N N N N N N N N N N N | | Contributory Cardio sascular renal |
| AD AD AT | 9 BIRTHPLACE (State or country) Wash . D. C | Secondary |
| NE DE | 10 NAME OF M. | Duration yrs mos. ds. |
| MA DING | FATHER Levise Harrington | (Signed) M. D. |
| H H | 0 11 BIRTHPLACE | May 2/ 1991 (Address) 2290 18 16 |
| II SIN | C (State or country) Protein Man 2 | Victate the Disease Causing Death, or, in deaths from |
| TIO AL | TIZ MAIDEN NAME | Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| LY, | of MOTHER Carrie Barney | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| form form state | 13 BIRTHPLACE | |
| 2 - 0 | OF MOTHER (State or Country) | At place of desth yrs. O mos. 2 Ode In the State yrs. mos. de. |
| PI of o | 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, Washington, O.C. if not at place of death? |
| H 554 | | Former or usual readence |
| RIT Itel | (informant) | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| WR IN | (Address) | 2 10 2 |
| Ever | | Wash. d. C. May 21, 1931 |
| d l | 15 Filed 3/21 1921 75 W. Custon | 20 UNDERTAKER ADDRESS |
| n m | Registrar | Haulte 141-11 |

If more bianks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) state occupation at beginning of illness. If retired from er," etc., Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter. tion applies to cach and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, Foreman, or At Home, and children, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal minc, etc. without more precise specification as Day Compositor, Architect, For persons who have no occupation (6) Stationary fireman, etc. But in many Automobile factory. The Locomotive engineer, not gainfully em-(b) material Grocery; Wom-

Statement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospiral fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid American Medical Association.) tetanus) may be stated under the head of "contributory." (secondary or intercurrent) Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, cough; Chronic valvular heart disease; Example: Measles (disease affection need etc. Always qualify all The contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1931

PHYSICIANS should state Exact statement of OCCUPA-ECORD. Every item of inforstated EXACTLY. H UNFADING INK-THIS IS A PERMANENT properly classified. MARGIN RESERVED FOR BINDING AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. -WRITE PLAINLY

V. S. No. 1

| STATE O | F MARYLAND- | CERTIFICATE OF DEATH 06075 |
|--------------------------------------------------------------------------------------------|-----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH County Prince | leora El | Registration Dist. No. 233 |
| Village or City Or 2007 | | No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where de | ath occurredyrs,mo: | sds. How long In U. S. if of foreign birth?yrsmos ds |
| 2. FULL NAME — | arner | |
| (a) Residence: No. | (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTIC | CAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| male color or RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH UNKNOWN /3, 1933/ (Month) (Pay) (Heat) |
| 5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of | 1 | 22. I HEREBY CERTIFY, That I attended daceasad fro |
| 6. DATE OF BIRTH (month, dey, and year) | au 13. 19 131 | I last saw h aliva on, 19; daath is sal |
| 7. AGE Years Months | Oays If LESS than 1 dey, hrs. or min. | to have occurred on the deta stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | 21. Total time (years) spant in this | Stell born |
| 12. BIRTHPLACE (city or town) On C | oecupation | Othar Contributory Causes of Importance: |
| 13. NAME Horace | Perry | |
| 13. NAME YOUR 14. BIRTHPLACE (city or town) (State or country) | id, | Name of operation Oete of What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIOEN NAME AUTO 16. BIRTHPLACE (city or town) (Stata or country) | nd 0 | 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? |
| 17. INFORMANT Gacharia (Addrass) | & Brooks | (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE, |
| 18. BURIAL, CREMATION, OR REMOVAL Place | pore may 14, 1931 | Manner of injury |
| 19. UNDERTAKER Sacharia (Address) | Carooks | 24. Was disaase or Injury In any way related to occupation of deceasad? If so, spacify (Signed Must W. Jarner M. |
| 20. FILED 1 18414, 19319, M | LSU IV DAVNEO Registrar. | (Address) Local Registration |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I-EIVE | 0 | Example II | |
|--------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Antonionalomania | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebrol hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gollstones | Moy 1,1923 | Gostroenteritis | 1 year |
| | | | |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

If more blanks are needed, address State Registrar, 13 W/Saratoga St., Balto., Requesting V. S. No. I.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwrite None. Statement of Occupation-Precise statement of occupathe second statement. various pursuits can be known. The question For persons who have no occupation whatever etc. If the occupation has been changed The material worked on may form part Women at home, who are engaged in As examples: (a) Spinner, (b) Cotton Never return "Laborer," Locomotive engineer, (b) Auto-Civil

Statement of Cause of Death—Name, first, the DEEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrosphal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Crupp"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia"); Lobar pneumonia, indefinite); Tuberculosis of lungs, menin-

genital," "Senilc," etc.), www, "Inanition," "Maras"Heart failure," "Haemorrhage," "Inanition," "Weakness,"
mus," "Old Agc," "Shock," "Uraemia," "Weakness,"
he ascertained as the symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... lapse," "Coma," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by BUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. "Anacmia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" (name origin; "Cancer" is less definite; avoid use of Struck birth or miscarriage by railway train-accident; Revolver wound of Always qualify all diseases resulting from child-The contributory (secondary or intercur-"Convulsions," as "Puenperal septichaemia," carbolic acid-probably State cause for which ACCIDENTAL, ("Con-

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UN 5 1931

| X | | PHYSI- |
|-----------------------------|-------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | TITH UNFADING INKTHIS IS A PERMA. NT CORD | ation should be carefully supplied. ACE should be stated EXACTLY, PHYSICAUSE OF DEATH in plain terms so that it may be properly classified. Exact ATION is very important. See instructions on back of certificate. |
| BINDING | PERMA | supplied. ACE should be stated E) terms so that it may be properly see instructions on back of certific |
| D FOR | IS IS A | ed. ACE |
| MARGIN RESERVED FOR BINDING | NG INKTH | in plain term rtant. See in |
| MARGIN | H UNFADIR | tion should be carefull CAUSE OF DEATH in pli TION is very important. |
| • | Y | CAUSE ATION |

| | PLACE OF DEATH | 06077 STATE OF MARYLAND |
|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | County fine a New | CERTIFICATE OF DEATH |
| | | Registration Dist. No. |
| ete. | Village or City Mal stullville MN6. | St.: Ward) (if death occurred in a hospital or institution, give its NAME In stead of street an |
| ifio | 2FULL NAME TOZETH EMVALO C | number.) |
| OCCUPATION is very important. See instructions on back of | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| | 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Manuel OR DIVORCED (Write the word) | 16 DATE OF OEATH May 16, 1981. (Month) (Day) (Year) |
| | 6 DATE OF BIRTH Acc. 16, 1854 (Month) (Day) (Year) | 17 I HEREBY CERTIFY, That I attended the deceased from May 1929 to May 6, 1931 that I last saw hemalive on May 6, 1931 |
| | 7 AGE If LESS than 1 day hrs. or min.? | and that death occurred on the date stated above, at 1-30 P, m The CAUSE OF DEATH * was as follows: |
| | B) OCCUPATION (a) Trade, profession or particular kind of work Place (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State op country) 12 MAIDEN NAME OF MOTHER WAS Brown 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 Filedway 18 19 Mountain Registrar | (Durstion) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Durstion) (Durstion) (Durstion) (Durstion) (Durstion) (Signed) (Address) (M. D (Signed) (Sign |
| | If more blanks are needed, address State Registrar | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, er," ctc., Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to cach and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. worked on may form part of the second statement. Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, without more precise specification as Day Compositor, Architect, For persons who have no occupation Laborer-Coal mine, etc. Wom-Locomotive engineer, The ques-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," atic), "Atrophy," "Collapse, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. stated unless important as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) peritonaeum, etc., FOR VIOLENT DEATHS state MEANS OF INJURY (name origin; "Cancer" is lcss definite; avoid resulting from childbirth or miscarriage as Committee on Chronic Carcinoma, Sarcoma, etc., of Example: Measles (disease " "Coma, chopneumonia (secondary), etc. valvular heart Nomenclature The contributory " "Convulsions, Measles; discase;

If this certificate is looked over theroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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V. S. No. 1

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| EXAC iy clas | |
| . BEvery Item of Information should be carefully supplied. ACE should be stated EXACTLY, CIANS should state CAUSE OF DEATH In piain terms so that it may be properly classified statement of OCCUPATION is very important. See instructions on back of certificate. | |
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| PLACE OF DEATH County Jr. Savi | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.237 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Village or City Aguase (No | St.: Ward) (If death occurred In a hospital or institution, give its NAME instead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. OR OIVORCED (Write the word) 6 DATE OF BIRTH 1 J J (Year) 7 AGE If LESS than I day hrs. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry | MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day) (Year) |
| business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Address) (Address) (Address) | Contributory Secondary (Dyrstion) (As. (Signed) (As. (As. (Signed) (As. (Signed) (As. (As. (Signed) (As. (As. (Signed) (As. (Signed) (As. (As. (Signed) (As. (As. (Signed) (As. (Signed) (As. (Signed) (As. (As. (Signed) (As. (As. |

If more bianks are needed, address tate Registrar, 16 Wy Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more process. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, whatever, write None. to report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal Typhoid fever (never report "Typhoid Pneumonia") fever (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accent-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DISpneumonia, Bronchopneumonia ("Pneumonia,

> (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease inges, pertonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping cough; approved by Committee on delanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJULY American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; nephrilis, etc. The contributory Nomenclature

aswered in detail, it will prevent further correspondence. All that is essential and must be obtained before the certificate rmanently filed. If this certificate is looked over thoroughly and all qu stions

S. No. 1

| PLACE OF DEATH | STATE OF MARYLAND |
|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| County Three george | CERTIFICATE OF DEATH |
| The second second | Registration Dist. No. 235 |
| Village or City (No | St.: Ward) (If death occurred is a hospital or institution, give its NAME is stead of street an number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEASH 2/ , 1934 (Month) (Day) (Year) |
| 6 DATE OF BIRTH (Month) (Day) (Year) | 17 I HEREBY CERTIFY, That I attended the deceased from |
| 7 AGE If LESS than I day hrs. hrs. or min.? | |
| B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry | Had suffere for |
| business, or establishment in which employed or (employer) | Contributoryd. (Durstion)yrsd |
| 9 BIRTHPLACE (State or country) | Thos 5 & Jurgion to greek done d |
| 10 NAME OF FATHER WILLIAM GARAGE | (Signed) M. [May 2] 193 (Address) Trackelle |
| OF FATHER (State or country) 12 MAIDEN NAME | *State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs. ds. State yrs. ds. Where was disease contracted, |
| (Informant) Wm Cuthur Woung | if not at place of des.h? Former or usual residence |
| (Address) Forestville and | Luchson Frestvelle May 24, 1931 |
| 15 Filed May 22. 1981 This & Girlhtle Registrar | Patchie Bros Patchie, Md. |
| If more blanks are needed, address State Registra | r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the laborer, er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in (b)

Statement of Cause of Death—Name, first, the DISTEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

permanently filed.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is approved by Committee on American Medical Association.) tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Inanition," "Marasmus, " VILLAGO,"
"Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart mure, "Old Age," "Shock," "Inanition," "Marasmus, ""han a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid taken. FOR VIOLENT DEATHS state MEANS OF INJURY tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-(secondary or Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condiintercurrent) affection need not be Chronic Example: Measles (disease etc. valvular heart disease; Nomenclature The contributory Measles; of the